USAID's MaMoni Maternal and Newborn Care Strengthening Project

(MaMoni MNCSP)

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Annual Progress Report

October 1, 2019– September 30, 2020

Charvadrashan Upazila Health Complex (UHC)
Photo credit: MaMoni MNCSP

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Cover photo story

Charvadrashan Upazila Health Complex on its way to become a model facility in health service coverage

Abdul Jabbar (56) is a small business owner and father-in-law to Salma Khatun (25), Reba Begum (22) and Munni Sultana (20). During their pregnancies, he would not encourage his daughters-in-law to visit the Charvadrashan Upazila Health Complex (UHC) to receive antenatal care and delivery services. Just like Abdul, there were many in the community who also felt that the UHC did not provide health services that were up to the mark. Observing this, USAID's MaMoni Maternal and Newborn Care Strengthening Project (MaMoni MNCSP) delved into assessing the situation and possible scope of improvement.

When MaMoni MNCSP started work at this facility in 2018, there were no separate antenatal care (ANC) or postnatal care (PNC) rooms and the existing labor room was not ready with medicine, medical supplies and necessary equipment to provide quality services. There were no infection prevention practices among the providers. Four midwives were posted at the hospital and, as per their job protocol, they were supposed to provide ANC/PNC and labor and delivery services. However, due to a lack of proper duty roster; and an absence of supervision and monitoring by managers, the midwives divided their time among the general and emergency wards as well. All these factors resulted in only 34 normal deliveries and 330 ANC services in 2019.

MaMoni MNCSP started working with the health managers and service providers to overcome this situation, working with them to ensure a separate and well-equipped ANC/PNC room, with a functional labor room. The project provided orientation to the managers and service providers based on the Standard Operating Procedure (SOP) and ensured the roster duty of midwives at ANC/PNC and delivery rooms. The project also made regular visits to the facility and ensured that the managers followed up and monitored the duty roster and service rooms. Beside these, the project has facilitated the development of annual performance plans by service providers and managers through decentralized planning workshops. Additionally, the project actively engaged and advocated to the Upazila Parishad and Union Parishad to provide necessary support such as alternative power supply, hand washing facilities and community mobilization to increase the service coverage of maternal and newborn health.

All the joint efforts have worked well to change the situation. Positive reviews and advocacy from the local government entities encouraged people, especially pregnant women and mothers to come to the facility to receive services. Now the facility has a positive reputation among the people of Charvadrashan Upazila. The service coverage for deliveries and ANC is increasing day by day, as is the trust of mothers and their family members. As of September 30, 2020, the total number of deliveries is 125 and ANC is 410, which is four times more than the previous year. More remarkably, the Charvadrashan UHC was ranked first in Dhaka division and ninth overall in Bangladesh for its commendable performance in September 2020. The Upazila Health and Family Planning Officer at the facility, Dr. Hafizur Rahman, said, "*With the facilitation and support of the MaMoni project, we have worked together as a team to improve the facility and provide the best possible service to mothers and children. We still have a lot of challenges, but I am positive we will overcome them with the support of health and family planning department, Upazila Parishad, Union Parishad, as well as local community. I hope this UHC will become the model facility for quality maternal and newborn health services.*"

MaMoni's support to the UHC and demonstrated better services have shifted the mindset of Abdul and he finds that his daughters-in-law and their children are now in safe hands of the Charvadrashan UHC.

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ACRONYMS AND ABBREVIATIONS

AMTSL	Active Management of Third Stage of Labor
ANC	Antenatal Care
AHI	Assistant Health Inspector
BDT	Bangladeshi Taka
BEmONC	Basic Emergency Obstetric and Newborn Care
BSMMU	Bangabandhu Sheikh Mujib Medical University
CEmONC	Comprehensive Emergency Obstetric and Newborn Care
CG	Community Group
CHCP	Community Health Care Provider
CHX	Chlorhexidine
CNCP	Comprehensive Newborn Care Package
COHSASA	Council for Health Services Accreditation for Southern Africa
COVID-19	Coronavirus Disease 2019
CSBA	Community Skilled Birth Attendant
DDFP	Deputy Director- Family Planning
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DH	District Hospital
DHIS	District Health Information System-2
DQA	Data Quality Assessment
eLMIS	Electronic Logistic Management Information System
eMIS	Electronic Management Information System
ENC	Essential Newborn Care
EOC	Emergency Obstetric Care
ETAT	Emergency Triage and Treatment
FP	Family Planning
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
FY	Fiscal Year
GOB	Government of Bangladesh
HI	Health Inspector

HMIS	Health Management Information System
HPNSP	Health, Population and Nutrition Sector Program
IHI	Institute for Healthcare Improvement
IMCI	Integrated Management of Childhood Illness
IR	Intermediate Result
JSV	Joint Supervision Visit
KMC	Kangaroo Mother Care
LGI	Local Government Institution
LMIS	Logistics Management Information System
MCH	Maternal and Child Health
MCHTI	Maternal and Child Health Training Institute
MCRAH	Maternal Child Reproductive and Adolescent Health
MCWC	Mother and Child Welfare Center
MEL	Monitoring, Evaluation and Learning
MIS	Management Information System
MNC	Maternal and Newborn Care
MNCH	Maternal, Newborn and Child Health
MNCSP	Maternal and Newborn Care Strengthening Project
MNH	Maternal and Newborn Health
MOH&FW	Ministry of Health and Family Welfare
NGO	Non-Government Organization
NNHP	National Newborn Health Program
OGSB	Obstetrical and Gynecological Society of Bangladesh
PNC	Postnatal Care
PPE	Personal Protective Equipment
PPFP	Post-partum Family Planning
PPH	Post-partum Hemorrhage
PPIUCD	Post-partum Intrauterine contraceptive device
QI	Quality Improvement
QIC	Quality Improvement Committee
QIS	Quality Improvement Secretariat
QoC	Quality of Care

SBCC	Social and Behavior Change Communication
SCANU	Special Care Newborn Unit
SCI	Save the Children International
SOP	Standard Operating Procedure
UHC	Upazila Health Complex
UHFPO	Upazila Health and Family Planning Officer
UH&FWC	Union Health and Family Welfare Center
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UP	Union Parishad
USAID	United States Agency for International Development
USC	Union Sub-center
WHO	World Health Organization

EXECUTIVE SUMMARY

USAID's MaMoni Maternal and Newborn Care Strengthening Project's (MaMoni MNCSP's) annual progress report presents a summary of year three (Y3, October 2019 – September 2020) achievements compared to targets set forth in the project performance monitoring plan. This report offers an analysis of the programmatic achievements against the project objective and intermediate results. It also discusses a few implementation challenges and how MaMoni MNCSP mitigated them. The report used data from the routine health management information system of the Ministry of Health and Family Welfare (MOH&FW) and the project supplementary health information system established for the project activities. The COVID-19 pandemic had significant impact on the implementation and performance in the last six months of the year, starting with the country being locked down in mid-March. MaMoni supported MOH&FW to maintain routine maternal and newborn health (MNH) and post-partum family planning (PPFP) service utilization in its project areas. Despite this support, there was a significant reduction in service utilization in the April-June period. In addition, a number of planned project activities could not be carried out as a result of the COVID-19 crisis. As a result, most of the output performance indicators fell short of their set targets for the year. Below is the summary of key achievements during the reporting period.

Achievements relative to project performance indicators

The MaMoni MNCSP Monitoring, Evaluation and Learning (MEL) plan includes 42 performance indicators. Among those, 21 are reportable annually, while the remaining are measured at baseline, midterm and endline. The project has met or exceeded the target for 16 (76%) of the 21 annual indicators. Due to the COVID-19 pandemic, the project did not achieve the set targets for five indicators (24%). Some the key achievements to highlight over the past year include:

- 98,368 (109% compared to the target) women delivered in public health facilities (indicator #28).
- 104,691 (133% compared to the target) women received uterotonics from a skilled birth attendant both at facility and at home (indicator #20).
- 34,764 (159% compared to the target) newborns who did not breathe at birth were resuscitated with bag and mask ventilation (indicator #22).
- The project achieved 1,385,701 (91% compared to the target) couple years of protection (indicator #29).
- The engagement of local government institutions resulted in USD 567,709 equivalent funds utilized for maternal and newborn care, which is 454% against the annual projection of USD 125,000 (indicator #11).
- 204,034 pregnant women were reached with nutrition-specific interventions, which accounts for 110% of the annual target (indicator #31).
- 100% of the annual target number of Union Health and Family Welfare Center (UH&FWC) management committees' meetings were held (indicator #33).
- 8% of public health facilities reported providing comprehensive newborn care services (7.1% chlorhexidine (CHX), sepsis management, antenatal corticosteroids (ACS), kangaroo mother care (KMC), Special Care Newborn Unit (SCANU)) as applicable to the level of facility (district

hospital, upazila and union level) in Bangladesh in the reporting year, a fall of three percentage points from last year, primarily due to the COVID-19 pandemic. (indicator #41).

Achievements related to maternal, neonatal health and family planning coverage

- 51% of the estimated number of pregnant women received at least one antenatal care visit from public facilities in MaMoni MNCSP supported districts, which is 3 percentage point higher from the previous year.
- 50% of the estimated expected number of pregnant women in the project districts received misoprostol tablets from public health care providers for the prevention of post-partum hemorrhage (PPH), a five percentage point increase from the previous year.
- 19% of the estimated expected number of pregnant women delivered at public facilities – one percentage point higher than the previous year. Among these deliveries, 43% occurred at UH&FWCs, followed by 26% at district hospitals, 23% at upazila health complexes (UHCs) and 8% at Mother and Child Welfare Centers (MCWCs). 81% of these were normal vaginal deliveries; 18% were C-sections, and only 1% were assisted vaginal deliveries. The proportion of C-section decreased by two percentage points compared to the previous year.
- All women with normal and assisted vaginal deliveries at public facilities received active management of the third stage of labor (AMTSL).
- All babies born in public facilities had 7.1% CHX solution applied onto their umbilical cords immediately after birth.
- A total of 6,729 sick newborns received services from six project-supported SCANUs. The case fatality rate (11%) at these SCANUs was lower than the national average (13%).
- The project established and handed over two new SCANUs to respective authorities of Mohammadpur Fertility Services and Training Centre and Khulna Shishu Hospital.
- A total of 878 preterm/low birth weight newborns received kangaroo mother care (KMC) services from 41 KMC facilities in project districts.
- 6,612 eligible women accepted post-partum intrauterine contraceptive devices from public facilities in MaMoni MNCSP districts, compared to 5,448 the previous year.

Programmatic achievements

Strengthening district health leadership and management

- Data-driven decentralized planning was conducted in 70 (77%) facilities against the annual target.
- 49% of the planned quarterly performance review meetings were conducted in 10 districts, which was low due to COVID-19 impact.
- 64% of the planned joint supervisory visits were conducted by the first and second line supervisors of the Directorate General of Health Services (DGHS) and Directorate General of Family Planning (DGFP).

Maternal and newborn health and family planning

- 55 (61%) of 90 district and upazila level public health facilities in project districts were providing basic emergency obstetric and newborn care (BEmONC) services; 33 (37%) were

providing comprehensive emergency obstetric and newborn care (CEmONC) services; and 41 (46%) were providing KMC. 23 (38%) of 60 UHC facilities provided midwifery-led care.

- The project supported the DGFP to develop maternal health standard operating procedures (SOPs) in Bangla for use in UH&FWCs.
- MaMoni MNCSP helped establish newborn management areas in all district hospitals and MCWCs, 40 UHCs and 127 UH&FWCs in the project districts to improve preparedness to provide essential newborn care (ENC) at facilities providing delivery services.
- With MaMoni MNCSP technical assistance, DGFP established a national maternal and child health monitoring cell, engaging different stakeholders at the Maternal Child Reproductive and Adolescent Health unit of DGFP to develop and implement a monitoring framework for maternal and newborn care services at DGFP facilities.
- MaMoni MNCSP supported MOH&FW in developing the "National Guideline for Providing Essential Maternal, Newborn and Child Health Services in the Context of COVID-19 for Bangladesh" in collaboration with UNICEF, WHO, UNFPA, and icddr,b.
- In collaboration with the MCH Services unit and MIS unit of DGFP, MaMoni MNCSP supported the development of e-training modules on the "National Guideline for Providing Essential Maternal, Newborn, and Child Health Services in the Context of COVID-19 for Bangladesh" for service providers. This e-training course was rolled-out in MaMoni MNCSP districts through a virtual kick-off event followed by a short online orientation for the managers and service providers.
- To ensure availability of a surgeon-anesthesiologist pair in MCWC facilities in MaMoni districts, the project supported a year-long training on Emergency Obstetric Care for ten doctors from DGFP at Shaheed Suhrawardy Medical College Hospital. Among them, eight received training on routine and emergency obstetric care management and the other two on anesthesia.
- In collaboration with UNICEF, UNFPA, WHO, Obstetrical and Gynecological Society of Bangladesh (OGSB), and other maternal health stakeholders, MaMoni MNCSP provided technical assistance to the government for the development of the Maternal Health Action Plan 2020 to 2030.
- The project supported the establishment of a regional training center at Cumilla Medical College, jointly with the National Newborn Health Program (NNHP) for offering high-quality, competency-based training to strengthen national capacity to deliver quality maternal and newborn health services at scale. The project also supported institutional capacity building and provided technical support to the NNHP and Integrated Management of Childhood Illness (IMCI) program to establish a KMC service unit at Cumilla Medical College hospital.
- MaMoni MNCSP facilitated the development of the NNHP monitoring checklist, incorporating newly developed newborn signal functions. The project also facilitated NNHP for the institutionalization of this checklist through a government order, orientation of the health managers, and use of the checklist in the field.

Quality of care

- MaMoni MNCSP scaled up MNH-QI bundles in 63 facilities in six districts. With this, a total of 95 facilities in six districts have been connected under "Learning & Sharing Scale Up MNH-QI Model." Most of the facilities demonstrated satisfactory performance. Median monthly quality ANC improved from 73% in 2019 to 86% in 2020. Correct use of partograph went from 68% to 99%, quality ENC from 69% to 93%, and quality PNC from 90% to 97% in Manikganj. Median monthly quality ANC improved from 58% in 2019 to 71% in 2020 in Madaripur district.
- The project supported quality improvement committee (QIC) meetings at district and upazila levels in project districts. In MaMoni districts, 13 district, 33 upazila level, 34 district hospital and 39 UHC QIC meetings were held.

Social accountability

- In the project interventions areas, 59 health facilities initiated functional social accountability mechanisms. Of these, 53 facilities established client's feedback mechanisms where clients provided feedback in written form on services received. These are reviewed and addressed in QIC meetings.
- In Y3, two UH&FWCs introduced the use of the Community Score Card (CmSC). Through this process, the leadership of respective UH&FWC management committees developed action plans and implemented the agreed plans. Two community support committees at Manikganj and Kushtia district hospitals were activated, while one community support committees was formed at Haimchar UHC.

Engagement of local government

- 90% of the Union Parishads in 10 project districts allocated budget to strengthen MNH services for their constituents for the fiscal year (FY) July 2020-June 2021. They allocated more than BDT 115 million and utilized BDT 1 million as of September 2020. The Upazila Parishad allocated BDT 6. 5 million and utilized BDT 1. 9 million for the same period.
- 39% (452) of planned UH&FWC Management Committees meetings were conducted in 10 project districts .
- 47% (515) of planned Union Education, Health and Family Planning Standing Committees meetings were conducted in 10 project districts.

Underserved population

Project identified 94 underserved unions and prioritized 30 for intervention in this year through secondary and primary data analyses. Ten underserved unions started alternative MNH services, and seven of those started MNH, including normal delivery services. One thousand twenty (1,020) women received at least one ANC visit; 113 women received misoprostol tablets; and 111 pregnant women received facility delivery services in those 10 unions.

Information, communication, and social and behavior change

The project supported the development of 10 eLearning Modules based on the government's national guideline on MNH services during COVID-19. It also produced four videos and published several stories on MNH services and achievements by the project. The project has also

completed a report on pretesting existing eclampsia/pre-eclampsia (PE) job aids, which were targeted for midwives, nurses, Family Welfare Visitors (FWVs) and doctors. Based on the pre-test results, the existing PE/eclampsia job aids were revised and are currently pending government approval for national use. As part of its social and behavior change communication (SBCC) materials production effort, the project has produced two new billboards: one on midwifery service promotion and the other on facility-based delivery promotion. Under social media milestones, the project launched its website in 2019, and hosted a successful and interactive Facebook Live Session for the first time on Safe Motherhood Day, which had over 18,800 views and reached over 60,000 people. MaMoni MNCSP Facebook page followers and likes exceeded 21,000 people in FY2020; and the highest reach by a post (mHealth video) stood at approximately 158,115 people with 47,600 views.

Digital health information systems and mHealth

This is a milestone year for eMIS activities as it transitioned to a paperless system in Habiganj and Tangail districts. The project has also helped DGFP to reach closer to the Health, Population and Nutrition Sector Program (HPNSP) result framework target. A total of 1,373 facilities are now using eMIS to manage health services and report their data. In project-supported districts, the coverage has extended to 458 facilities in 45 Upazilas. The mHealth appointment reminder service for ANC, delivery, PNC, and PPFP services that has been integrated with the eMIS platform is proven to be able to generate and deliver over 90% of expected individually customized SMS, and receipt of SMS is well appreciated by women during the pilot phase. The results of the pilot have been shared with government counterparts and MaMoni MNCSP is waiting for DGFP to further scale up.

Monitoring, Evaluation and Learning

The project submitted three baseline survey reports (population-based household, health facility assessment and quality of care) to USAID after incorporating review comments. MaMoni and icddr,b conducted secondary data analysis of household baseline survey data to examine factors affecting neonatal death, postnatal care, path analysis of continuum of care with health seeking for newborn complication and association between possession of mobile phone with maternal care practices. The findings will be shared with the MaMoni team. Baseline report on effect of social accountability is finalized and the baseline data collection on learning study on the midwifery role has been completed.

Impact of COVID-19 on MNH service utilization in public sector facilities

Bangladesh reported the first three known cases of novel coronavirus (COVID-19) on March 8, 2020. The government initially declared a 10-day general holiday from March 26, shutting down all public and private offices and keeping only emergency services open. The general holiday was later extended seven times up to May 30 to curb the spread of COVID-19. With the enforcement of this lockdown, public transports, including rail and waterways, remained suspended. All non-essential organizations, businesses, and educational institutions were closed, except for pharmacies, groceries, and other unavoidable necessities. The government and private institutions, including public transport reopened gradually from May 31 on a limited scale, complying with instructions of the Health Service Division.

As of September 2020, around 27,000 COVID-19 confirmed cases have been reported, including 500 deaths in 10 MaMoni MNCSP districts. Faridpur had been the most affected by the coronavirus pandemic (362 cases/100,000 population), followed by Kushtia (151 cases/100,000 population) and Noakhali (149 cases/100,000 population). Chandpur (58 cases/100,000 population) and Brahmanbaria (64 cases/100,000 population) were the least affected districts.

At the initial phase of the pandemic, many health care providers did not have the required training and personal protective equipment (PPE) to deal with COVID-19 patients. Many service providers, including doctors, nurses, medical technologists and other community level health workers were infected and some died, which created a shortage in the number of providers available to provide health care services. Some of union level facilities became non-functional due to the absence of service providers, as they were infected with the virus. Also, there was fear of being infected among the service providers, as well as among the clients. Furthermore, transportation and other facilities were not available during the lockdown imposed by the government.

Limitations in the availability of service providers and reluctance of clients to use the health system led to lower coverage of all types of health services, including MNH services, across the country. In project-supported districts, ANC1 coverage declined from 54% in February to 31% in May, and then gradually raised to 65% in September. Distribution of misoprostol tablets to pregnant women declined from 66% in February to 44% in May, with a further decrease to 36% in September. Deliveries at public facilities decreased from 18% in February to 15% in June. Then it gradually increased to 22% in September, when the government relaxed the countrywide lock down in phases. Deliveries decreased at all level of facilities during the lockdown period, with marked decrease in district hospitals, followed by UHCs. However, minimal reduction was seen in case of deliveries at union level facilities. This may partly be attributed to the efforts made by the project in supporting service providers at union level to sustain the MNH services, including delivery services, during the pandemic. The COVID-19 impact was greatest in the April-June period. Service utilization appeared to have picked up from July, and by September, it appeared to have returned to normal performance in all levels of facilities.

The project could not carry out many of its planned activities due to the countrywide lockdown. Safety and security of the project staff have also been a serious concern. Constrained by COVID-19 and unable to conduct any field visits and in-person activities, MaMoni MNCSP devised a number of innovative strategies to help sustain the provision and utilization of essential MNH services in public sector facilities and to make the health system resilient to continue MNH services during the pandemic . The project provided technical support to MOH&FW in developing guidelines and manuals, as well as SBCC materials and other documents for maternal and newborn care. Additionally, the project developed a web-based online training platform to provide remote and distance training to the health service providers on how to provide MNH services while dealing with the pandemic situation with ensuring personal protection and safety.

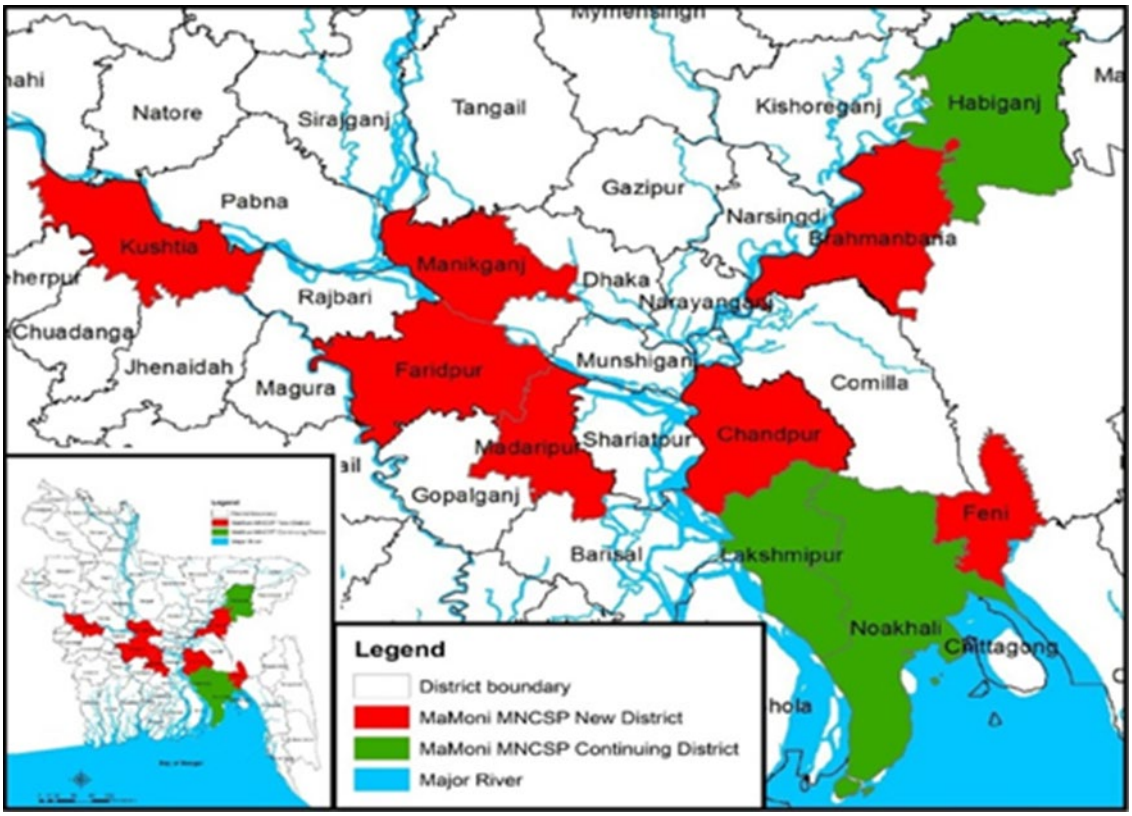
During the lockdown period, MaMoni MNCSP facilitated availability of PPE for service providers and provided mobile top-up to service providers to provide telemedicine services, as well as to call and encourage clients to come to facility to avail services as required during the pandemic. The project also engaged the local government bodies, such as Union Parishad chairmen and members, and representatives of the UH&FWC management committee and upazila

development coordination committee for awareness-raising and community mobilization. The project staff also called the service providers, government managers and representatives of local government bodies regularly to appreciate and keep them motivated, and to provide support for continuation of MNH services during the pandemic. All these initiatives helped develop confidence among the service providers and build trust in the community to seek care from the facilities during the COVID-19 pandemic.

INTRODUCTION

MaMoni MNCSP is a five-year activity designed to contribute to the Health Population Nutrition Sector Program (HPNSP 2017-22) goals to reducing maternal and neonatal deaths by increasing equitable utilization of quality maternal and newborn care services in Bangladesh. A consortium led by Save the Children has been implementing the project. The partners of the consortium include: Institute for Healthcare Improvement (IHI), Jhpiego, Council for Health Services Accreditation for Southern Africa (COHSASA), icddr,b, Dnet, Bangabandhu Sheikh Mujib Medical University (BSMMU), and Partners in Health Development (PHD). The project supports the MOH&FW to improve the utilization of quality maternal and newborn services by strengthening the health systems in 10 districts (*Figure 1*), and supports at national level to scale up proven maternal and newborn health (MNH) interventions nationwide.

Figure 1: USAID's MaMoni MNCSP working districts



Four local NGO partners, DASCOH Foundation, Palashipara Samaj Kallyan Samiti (PSKS), Resource Integration Centre (RIC) and Shimantik, support the implementation in 10 districts. DASCOH supports implementation in Chandpur and Lakshmipur districts. PSKS supports in Faridpur, Kushtia, and Madhabpur districts. RIC supports in Feni and Noakhali districts, and Shimantik supports implementation in Brahmanbaria, Habiganj and Manikganj districts.

The project directly benefits about 21.5 million people in 10 districts.

Table 1 summarizes the geographic coverage of the project.

Table 1: Geographic coverage of MaMoni MNCSP

District	Population 2020[1]	# of upazila[2]	# of union2	# of health facilities[3]					
				District Hospital (DH)	Mother and Child Welfare Center (MCWC)	Upazila Health Complex (UHC)	Union Health and Family Welfare Center (UHFWC)	Union Sub-center (USC)/Rural Dispensary (RD)	Community Clinic (CC)
Brahmanbaria	3,102,545	9	100	1	1	7	67	24	254
Chandpur	2,561,932	8	92	1	3	7	77	20	222
Faridpur	1,972,145	9	81	1	2	8	52	26	191
Feni	1,598,626	6	43	1	2	5	33	15	149
Habiganj	2,435,692	8	78	1	1	7	60	10	216
Kushtia	2,155,501	6	67	1	2	5	57	7	201
Lakshmipur	1,835,561	5	58	1	3	4	33	21	172
Madaripur	1,184,291	4	60	1	1	3	47	10	130
Manikganj	1,509,753	7	65	1	1	6	42	31	166
Noakhali	3,157,298	9	91	1	3	8	84	9	289
Total	21,513,344	71	735	10	19	60	552	173	1,990

The annual progress report presents a review of year three (Y3) accomplishments relative to the project's performance monitoring plan (PMP), maternal and neonatal health (MNH) coverage, and programmatic achievements relative to the project's objective and intermediate results (IRs). It also includes problems or issues encountered, and how they were resolved, and success stories. The report uses data from the routine health management information system (HMIS) of the DGHS and DGFP of the MOH&FW, and the supplementary health management information system (MIS) established for the project activities.

The COVID-19 pandemic had significant impact on the implementation and performance in the last six months of the year, starting with the country being locked down in mid-March. Despite that MaMoni supported MOH&FW to maintain routine maternal and newborn health (MNH) and post-partum family planning (PPFP) service utilization in its project areas, there was a significant reduction in service utilization in the April-June period. In addition, a number of planned project activities could not be carried out as a result of the COVID-19 crisis. As a result, most of the output performance indicators fell short of their set targets for the year. Below is the summary of key achievements during the reporting period.

KEY ACHIEVEMENTS

In Y3, MaMoni MNCSP supported all the district hospitals (DHs) and MCWCs in the project districts and continued interventions in all the upazilas (22) in Habiganj, Lakshmipur and Noakhali districts. The project also continued the intervention in 22 selected upazilas in the

[1] Projected, based Population and Housing Census 2011, Bangladesh Bureau of Statistics
[2] Source: Population and Housing Census 2011, Bangladesh Bureau of Statistics
[3] Source: Civil Surgeon and Deputy Director- Family Planning Office in project districts

seven remaining districts. With this, the project covered 41 UHCs and 431 UH&FWCs, in 44 out 71 upazilas in 10 districts (62% of upazila geographic scope). A summary of key achievements of the project during the reporting year is given below. The data presented in this report are from all 71 upazilas in project districts unless otherwise specified.

Achievements relative to project performance indicators

MaMoni MNCSP has 42 performance monitoring indicators as set in the project's MEL plan. Among them, 21 are reportable annually. The data sources for these 21 indicators are the government HMIS, project MIS and project reports. The remaining indicators are reported from periodic assessments and surveys. Baseline household, health facility and quality of care surveys have been completed. Based on the baseline survey values, baseline and target values for relevant indicators have been set and updated in the performance indicator tracking table in Annex A.

Of the 21 indicators reported annually, 16 met more than 90% of the annual targets. The project could not meet the targets for five indicators, primarily due to delays in the funding flow and the COVID-19 pandemic. The indicators not meeting set targets included MNH training, QI training, QIC meetings, national comprehensive newborn care package (CNCP) service delivery and community microplanning. Activities on accreditation (indicator 39) have not started, as the direction for this work is still under discussion with MOH&FW and USAID.

Local government institutions (LGIs) were able to mobilize substantial funds for maternal and newborn care (MNC) in the unions. Union Parishads' (UP) resource allocation and utilization was surprisingly high – 454% of the targeted amount of USD 125,000 LGI funds were utilized for MNC in FY20. The use of uterotonics and the number of facility deliveries in public facilities have also increased, achieving 133% and 109%, respectively, against the target. In the area of family planning, the annual projection for couple years of protection was 1,519,074, against which the project achieved 1,385,701, meeting 91% of its projection. In the area of nutrition, the project reached 204,034 pregnant women with nutrition-specific interventions, which accounts for 110% of the annual target.

Eight% of public health facilities reported providing comprehensive newborn care services (7.1% CHX, sepsis management, ACS, KMC, SCANU) in Bangladesh in the reporting year, which is three percentage points lower than the previous years. There are different reasons for low coverage of CNCP implementation. In 2020, the COVID-19 pandemic decreased the level of up-take of health service from all facilities. Additionally, medical college hospitals are reluctant to submit reports regularly. Inadequate reporting of IMCI services from union level facilities and MCWCs could be another issue. Services like SCANU and KMC were not available in all DHs, MCWCs and UHCs. CNCP implementation status is discussed in detail in the implementation of comprehensive newborn care package section under Sub IR 4.3.

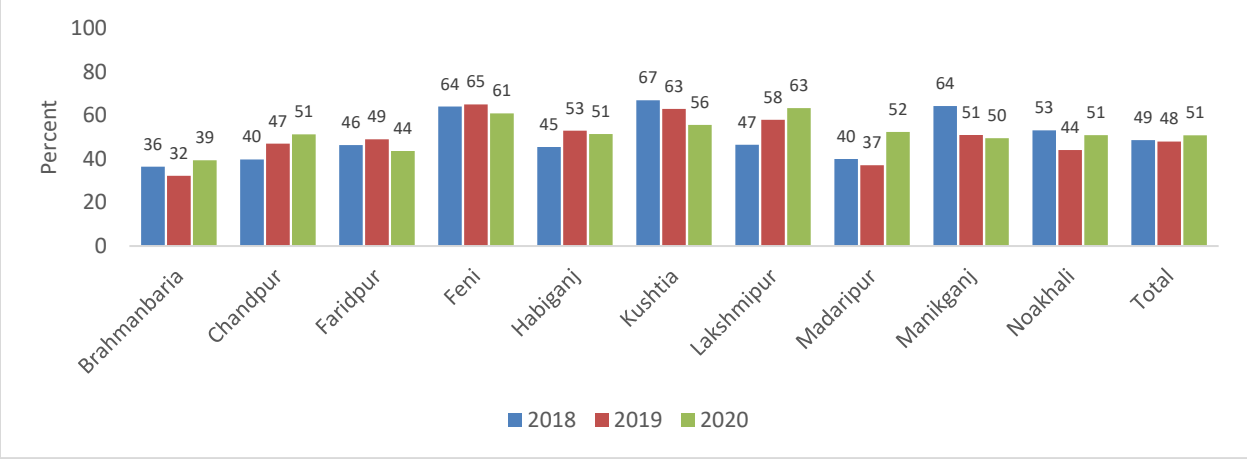
Achievements relative to maternal, neonatal health and family planning coverage

Antenatal care

The project monitors ANC coverage through the routine HMIS. As shown in *Figur*e 2, overall 51% of pregnant women received at least one ANC visit from public facilities in Y3, which is three percentage points higher than the previous year. Though the data shows an increasing trend in total coverage, there were wide variations across districts. ANC1 coverage increased in

Brahmanbaria, Chandpur, Lakshmipur, Madaripur and Noakhali districts, while it decreased in five other districts in Y3, compared to last year's coverage. The increase was highest in Madaripur district (15 percentage points), followed by Lakshmipur district (5 percentage points) and was lowest in Kushtia (7 percentage points), followed by Faridpur district (5 percentage points). A significant increase in ANC coverage in Madaripur district might be due to midwifery-led ANC care; 70-80% satellite clinics held against the plan; community and local government engagement ensured for service promotion; critical gaps minimized at the two strategically located and underserved UH&FWCs (Kadambari, Bashkandi) and a 20-bed Hospital (Kabirajpur). The project facilitated regular service data reviews during the monthly meetings and quarterly performance review meetings, and also facilitated supportive supervision by joint supervision visits (JSVs), data quality assessments (DQAs) and data-driven feedback in health and FP monthly coordination meetings.

Figure 2: percentage of pregnant women who received at least one antenatal care visit from public facilities in MaMoni MNCSP districts



Source: EmONC report in DHIS-2, DGFP MIS Report (www.dgfpmis.org/ss)

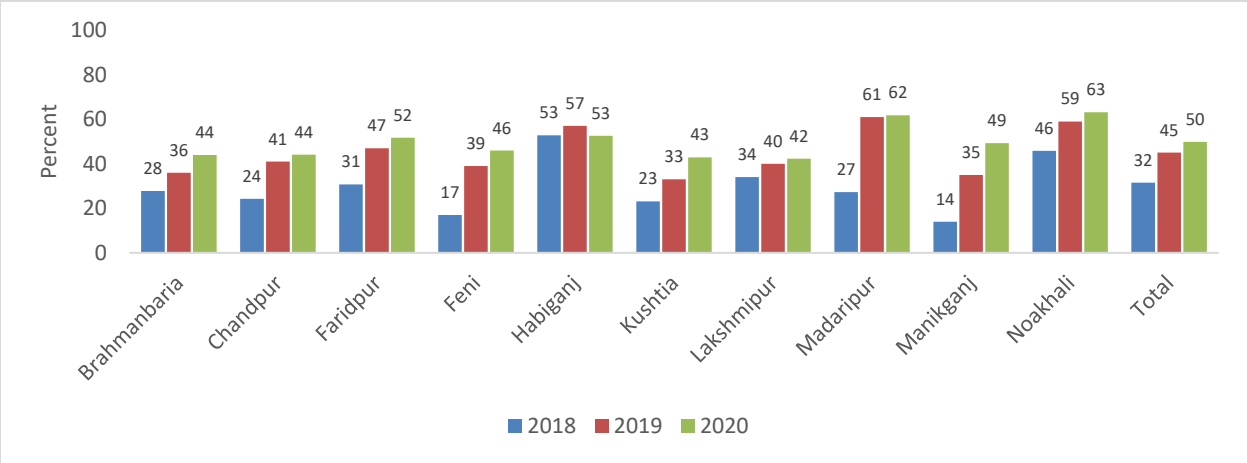
The common reason for the reduced coverage in the five districts may be the COVID-19 pandemic. Patient flow was reduced due to fear of visiting the designated COVID-19 hospital, and unavailability of transport or high transport cost were issues during lockdown. In some cases, quality ANC was not possible, as initially family welfare visitors (FWVs) had no supply of personal protective equipment (PPE) and they were maintaining a safe distance from the clients while providing ANC services. Service receivers were also unwilling to go to facilities due to fear of coronavirus infection. The service providers could not organize satellite clinics as per schedule in most of the upazilas. Inadequate supervision and monitoring by the district and upazila managers, vacant positions of FWVs, maternity leave and long sick leave of the service providers also contributed to the decreased ANC coverage.

The project's response to COVID-19 pandemic is discussed later in detail in this report in the impact of COVID-19 on MNH coverage in project districts section.

Distribution of misoprostol to prevent post-partum hemorrhage for home births

MaMoni MNCSP facilitates the distribution of misoprostol tablets to pregnant women in their third trimester to prevent post-partum hemorrhage (PPH) following home deliveries. The project monitors the distribution of misoprostol through HMIS. These tablets are distributed by the community health workers, as well as from the public facilities. As shown in *Figure 3*, overall 50% of the estimated pregnant women in MaMoni MNCSP districts received misoprostol tablets from healthcare providers during Y3, which is five percentage points higher than the previous year. Misoprostol tablet distribution increased in all districts, except Habiganj. The primary reasons for the increasing trends may be filling vacant family welfare assistant (FWA) units through rearrangement and providing additional responsibilities to the FWVs; increased monitoring and supervision by managers; mobilizing local government to address stock out issues; data-driven performance analysis at district and upazila level monthly coordination meetings; and communicating with pregnant women over phones to ensure consumption of misoprostol as per instruction by a provider.

Figure 3: percentage of pregnant women who received misoprostol tablets from a public healthcare provider in MaMoni MNCSP districts

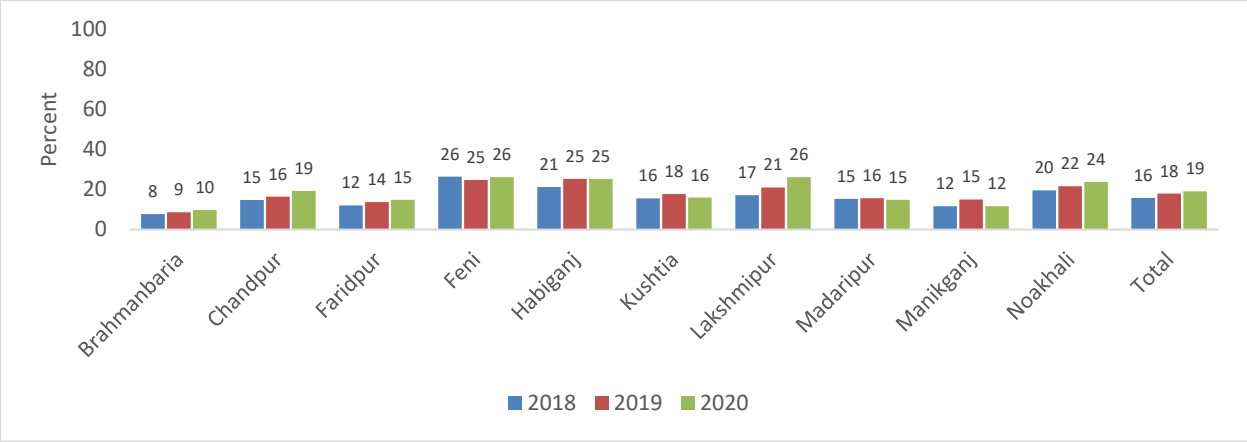


Data source: DGFP MIS Report (www.dgfpmis.org/ss)

Public facility delivery

Figure 4 shows that overall, 19% of estimated pregnant women in MaMoni MNCSP districts delivered in public health facilities in Y3. The coverage has increased from 18% in 2019 to 19% in 2020. Across districts, a marked increase is seen in Lakshmipur (5 percentage points), followed by Chandpur (3 percentage points). Deliveries in public facilities declined from 15% in 2019 to 12% in 2020 in Manikganj, and from 18% in 2019 to 16% in 2020 in Kushtia.

Figure 4: percentage of women who delivered at public facilities in MaMoni MNCSP districts



Source: EmONC report in DHIS-2, DGFP MIS Report (www.dgfpmis.org/ss)

In Manikganj district, deliveries at public facilities decreased in most of the upazilas, primarily due to reduced government office hours (9 am to 12 pm) during the pandemic. Four UHCs and five UH&FWCs were locked down for 14 to 30 days, as the service providers at those facilities were infected with COVID-19. Moreover, four FWVs were on maternity leave and three FWAs retired in the last quarter of the reporting year. One midwife and the Obs & Gynae consultant were transferred from Shibalaya UHC. Renovation work in three UH&FWCs also hampered service delivery. Additionally, clients were not coming to the facilities unless it was an emergency due to movement restriction during the government-imposed countrywide lockdown, as well as fear of coronavirus infection.

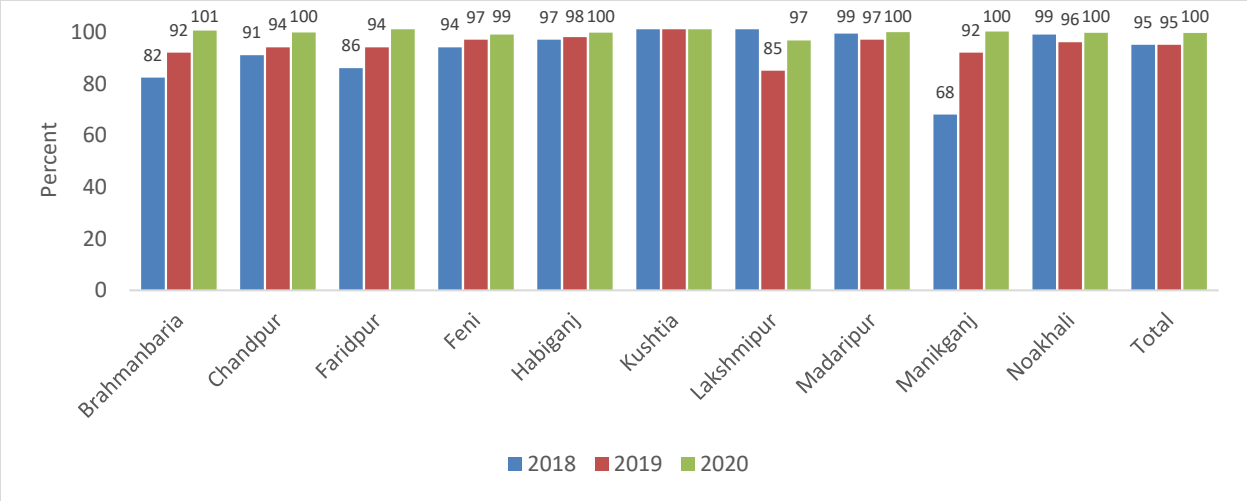
Throughout the year, the project closely worked with local managers to monitor progress and shared the findings in the monthly progress review meetings and quarterly performance review meetings. MaMoni MNCSP discussed the issue with the health and family planning authorities and service providers for continuation of MNH services at the facility and community level as per national MNH guidelines during the COVID-19 pandemic.

Active management of third stage of labor

AMTSL can prevent PPH, which is a major cause of maternal death. National protocol suggests ensuring AMTSL during all normal and assisted vaginal deliveries.

Figure 5 shows the trends in AMTSL coverage at public facilities in MaMoni MNCSP districts. Overall, 100% of the women who had normal or assisted vaginal deliveries at the public facilities received AMTSL in Y3 in MaMoni MNCSP districts. In the Brahmanbaria district, there were some data entry errors. As such, the performance shows more than 100%.

Figure 5: percentage of women who delivered at public facilities who received active management of third stage of labor in MaMoni MNCSP districts



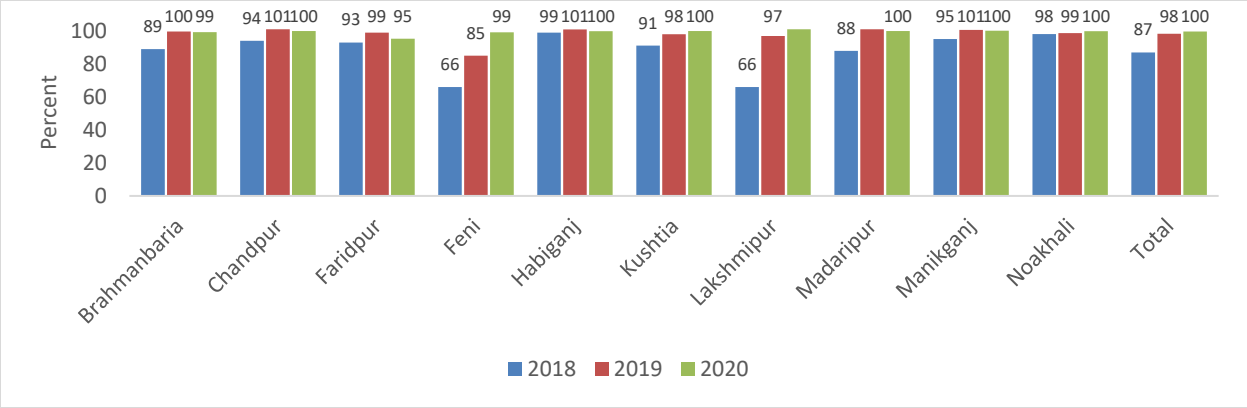
Source: EmONC report in DHIS-2, DGFP MIS Report (www.dgfpmis.org/ss)

To increase the practice of AMTSL, the project provided on the job training to service providers; ensured supply of oxytocin through regular follow up; monitored the stock; and analyzed and shared the performance in the monthly and quarterly performance review meetings. The project also facilitated displaying the job aids on AMTSL inside the delivery room. Additionally, MaMoni MNCSP facilitated the availability of refrigerators from local government to ensure proper storage of oxytocin. To minimize reporting errors, the project worked closely with service providers and statisticians on proper record keeping and reporting through in-person and virtual meetings.

Application of 7.1% chlorhexidine for newborn cord care

Application of 7.1% chlorhexidine onto the umbilical cord stump is one of the key interventions to prevent life-threating newborn sepsis. As part of essential newborn care (ENC), MaMoni MNCSP continued supporting the implementation of 7.1% chlorhexidine application in the project districts. *Figure 6* shows that overall, 100% of babies born in public facilities in MaMoni MNCSP districts in Y3 received 7.1% chlorhexidine on their umbilical cords immediately after birth. A comparison of three years' data showed sustained improvement in the application of 7.1% chlorhexidine in public facilities in project districts. Availability of 7.1% chlorhexidine and regular follow up contributed to achieving universal coverage at public health facilities.

Figure 6: percentage of newborns that received 7.1% chlorhexidine onto their umbilical cords immediately after birth at public facilities in MaMoni MNCSP districts



Source: EmONC report in DHIS-2, DGFP MIS Report (www.dgfpmis.org/ss)

Post-partum family planning

PPFP is the initiation and use of a family planning method within one year of delivery. Post-partum intrauterine contraceptive devices (PPIUCD) and Implant are long acting reversible contraceptive (LARC) methods that can be initiated immediately after delivery. During the reporting year, 6,612 eligible women accepted PPIUCDs and 10,819 accepted Implants from public facilities in MaMoni MNCSP districts. Acceptance of the PPIUCD method increased in all districts, except Feni, Madaripur, Manikganj and Noakhali compared to the previous year as shown in *Table 2*. Acceptance of Implants increased in all MaMoni districts. Lockdown of the facilities, unavailability of service providers due to COVID-19 infection, and fear of the clients to come to the facility for service seeking during the pandemic might have resulted in low acceptance of PPIUCD in districts. Data on post-partum Implant has been available in the HMIS system since January 2019.

To increase PPFP coverage, MaMoni MNCSP supported training of the service providers on PPFP, focusing on PPIUCD; facilitated increased linkages between health and family planning; organized long acting and permanent method (LAPM) camps in remote facilities; motivated providers; and shared PPFP data in district and upazila level meetings. The project also prepared an e-platform family planning module in the context of COVID-19 based on MNH guidelines. MaMoni also emphasized strengthening counseling on all family planning methods, including PPFP during ANC visits using relevant job aids and Tiahrt banner to assist clients in choosing their preferred method.

Table 2: Number of eligible women who received PPIUCD in MaMoni MNCSP districts

District	# of eligible women who received PPIUCD		
	2018	2019	2020
Brahmanbaria	99	261	345
Chandpur	227	1,032	1452
Faridpur	115	447	491
Feni	185	589	545
Habiganj	401	651	890
Kushtia	36	52	372
Lakshmipur	359	640	916

District	# of eligible women who received PPIUCD		
	2018	2019	2020
Madaripur	151	421	378
Manikganj	45	103	89
Noakhali	710	1,252	1134
Total	2,328	5,448	**6612**

Source: DGFP MIS report (www.dgfpmis.org/ss)

Impact of COVID-19 on MNH coverage in project districts

The first three known cases of COVID-19 were reported on March 8, 2020 in Bangladesh. The government initially declared a 10-day general holiday from March 26, shutting down all public and private offices, keeping only emergency services open. The general holiday was later extended seven times to May 30 to curb the spread of COVID-19. With the enforcement of this lockdown, public transport, including rail and waterway transports, remained suspended. All non-essential organizations, businesses, and educational institutions were closed, except for pharmacies, groceries, and other unavoidable necessities. The government and private institutions, including public transport reopened gradually from May 31 at limited scale, complying with the instructions of the Health service Division.

Since the beginning, the government concentrated on dealing with the pandemic efficiently with all available resources. The government ordered all secondary and tertiary level health facilities across the country to be used as isolation units for COVID-19 patients and to provide services accordingly. KMC and SCANU units of Faridpur Medical College Hospital were converted to a COVID-19 unit. Admission of small and sick newborns to these units was no longer permitted. Depending on the condition of these newborns, they were either referred to other facilities or admitted to the general pediatric unit within the facility.

As of September 2020, around 27,000 COVID-19 confirmed cases, including 500 deaths, were reported in 10 MaMoni MNCSP districts. Faridpur was the most affected (362 cases/100,000 population), followed by Kushtia (151 cases/100,000 population) and Noakhali (149 cases/100,000 population). Chandpur (58 cases/100,000 population), followed by Brahmanbaria (64 cases/100,000 population), were the least affected districts.

At the initial phase of the pandemic, a large number of health care providers did not have the required training and PPE to deal with COVID-19 patients. Many service providers, including doctors, nurses, medical technologists, and other community level health workers were infected with COVID-19 and some of them later died, which created a shortage in the number of providers available to provide health care services. Some of the union level facilities became non-functional due to the absence of service providers as they were infected with the virus. Also, there was fear of getting the infection among the service providers, as well as among the clients. Furthermore, transportation and other facilities were not available due to the lockdown imposed by the government.

Limitations in the availability of service providers and reluctance of clients to use the health system led to lower coverage of all types of health services, including MNH services, across the country, including in MaMoni MNCSP-supported districts.

Table 3 shows the coverage trends at public facilities by selected MNH indicators for the last nine months in project-supported districts. The table reveals that the ANC1 coverage declined from 54% in February to 31% in May, and gradually increased to 65% in September. Distribution of misoprostol tablets to pregnant women declined from 66% in February to 44% in May, with further decrease to 36% in September. Deliveries at public facilities showed similar trends, such as ANC1, which decreased from 18% in February to 15% in June and then gradually increased to 22% in September.

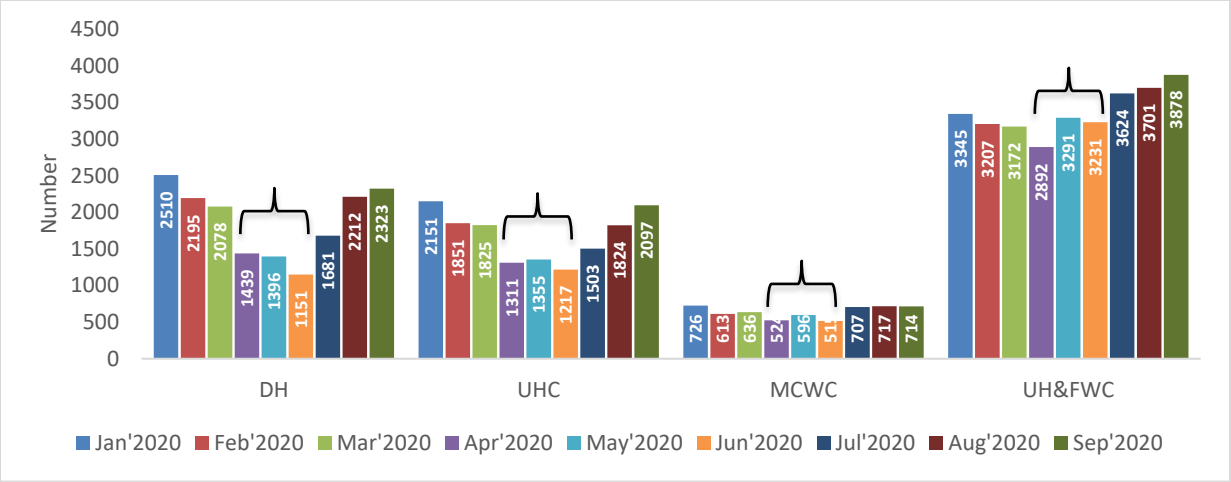
Table 3: Trends in selected services at public facilities in MaMoni MNCSP districts

Month	Percentage of pregnant women received ANC1 from public facilities	Percentage of pregnant women received misoprostol tablets from public healthcare providers	Percentage of deliveries in public facilities
Jan-20	54	66	21
Feb-20	54	66	18
Mar-20	50	49	18
Apr-20	28	45	15
May-20	31	44	16
Jun-20	50	43	15
Jul-20	51	40	18
Aug-20	55	36	20
Sep-20	65	36	22

Source: EmONC report in DHIS-2, DGFP MIS report (www.dgfpmis.org/ss)

The project also analyzed the coverage trends by facility to see the level of facilities that were affected most due to the COVID-19 pandemic. As shown in *Figure 7,* deliveries decreased at all levels of facility during the lockdown period, with a marked decrease seen in DHs, followed by UHCs. However, minimal reduction was seen at union level facilities. This may partly be attributed to the efforts made by the project in supporting service providers at union level to sustain the MNH services, including delivery, during the pandemic. As evident from the data, the COVID-19 impact was greatest in the April-June period and service utilization appeared to have picked up from July. By September it returned to normal performance in all level of facilities – DH, UHC, MCWC and UH&FWC.

Figure 7: Trends in facility deliveries in MaMoni MNCSP districts



Source: EmONC report in DHIS-2, DGFP MIS report (www.dgfpmis.org/ss)

The project could not carry out many of its planned activities due to the countrywide lockdown and considerations for the safety and security of the project staff. Constrained by COVID-19 and unable to conduct any field and in-person activities, MaMoni MNCSP devised a number of innovative alternative strategies to help sustain the provision and utilization of essential MNH services in public sector facilities and to make the health system resilient to continuing MNH services during the pandemic. The project provided technical support to the MOH&FW in developing COVID-19-related guidelines and manual, as well as SBCC materials and other documents for continuation of MNC services. In addition, the project developed a web-based online training platform to provide remote and distance training to the health service providers on how to provide MNH services in the midst of the pandemic, while ensuring personal protection and safety. The project also developed an online real-time dashboard (https://datastudio.google.com/reporting/8998635f-85d6-4980-b9eb-e2c47b81ea77/page/hdFPB) to monitor the COVID-19 situation in the MaMoni-supported districts.

During the lockdown period, MaMoni MNCSP facilitated availability of PPE for service providers. It also provided mobile top-up to service providers to provide telemedicine services and to call and encourage clients to come to the facility to avail services as required during the pandemic. During this time they made 26,979 phone calls to their clients. The project also engaged the local government bodies (e.g., UP chairmen and members, and representatives of the UH&FWC management committee and upazila development coordination committee) for awareness-raising and community mobilization. The project staff also called the service providers, government managers and representatives of local government bodies regularly to appreciate and keep them motivated and provide support for continuation of MNH services. The project staff continued phone calls until July 31, 2020. During this period, they made 10,002 phone calls. All these initiatives helped develop confidence among the service providers and build trust in the community to seek care from the facilities in COVID-19 situation.

Programmatic achievements relative to IRs and Sub IRs

IR 1: Improved responsiveness of district health systems to deliver patient-centered MNC services

Sub IR 1.1: Improved leadership and management capacity of GOB managers

In Y3, MaMoni MNCSP supported three batches of training on data quality check and management for district and upazila managers and statisticians under DGFP from three project districts (Habiganj, Brahmanbaria, Manikganj). Participants learned a common method of estimating population, pregnancy, live births and stillbirths. Participants also reviewed the reporting flow chart, scope of data error, and how to minimize the errors. This training aimed at strengthening capacity of district and upazila managers to provide leadership and more efficient management support to the statisticians, developing a positive approach and more proactively engaging them to obtain correct data and timely input in HMIS.

Decentralized planning

Decentralization planning is an effective process of bottom up planning for improving MNH care at union, upazila and district levels. This is done through two-day workshops where service providers and managers review and analyze service data, identify gaps, set targets for the next year and develop action plans for addressing the gaps and achieving targets. The summary situation and action plans are shared with multi-stakeholder groups to seek their support for improving MNH service delivery.

MaMoni MNCSP completed 77% of its planned decentralized planning workshops in Y3. The district hospitals and MCWCs completed 33% and 25% of their targets respectively, while UHCs completed 50% of their target. However, the union level facilities achieved 98% of their target. The project could not meet targets due to government restrictions on mass gatherings during lockdown.

The planning workshops identified the areas of support, and the local stakeholders, mainly local government institutions (LGIs), DGFP and DGHS provided necessary support immediately after the workshop. Most of the support received in Y3 was for renovation and repair of the facilities, construction of placenta dumping pits, construction of approach roads, and local level procurement of logistics and emergency medicines, such as injection oxytocin and magnesium sulphate. LGIs deployed a midwife, aya and night guard in some facilities in Habiganj and provided community ambulances for the union level facilities in Madaripur and Lakshmipur. Apart from providing furniture and necessary logistics, LGIs also provided solar panels, set up tube-wells and hand washing facilities in most of the UHCs in Faridpur. DGFP and DGHS provided necessary equipment, essential medicines for MNH services and ensured compliance with the service delivery standard, as per SOPs. Details on key achievements and outcomes following the recommendations and decisions of the decentralized planning workshops are shown in Annex F.

Quarterly performance review meeting

The project facilitated quarterly joint performance review meetings (QPRMs) at the district level. This is a unique platform to engage local level managers in reviewing progress, identifying and addressing challenges, and making program adjustments, if needed. It results in commitment from local level managers and service providers for improved coordination in planning, management and monitoring of community- and facility-based interventions at various levels, and joint local problem solving through engaging local stakeholders, like LGIs and other NGOs working in the districts.

In Y3, the project completed only 49% of its planned QPRMs. Most of the districts could not conduct QPRMs as rescheduled because of the pandemic. District and upazila managers of DGHS and DGFP were highly concerned about the drop in MNH service utilization from March to June. To address the issue, they initiated steps to improve service utilization July to September. Some of results contributed by QPRMs were:

- Improved coverage of MNH services – most of the facilities were ready for MNH services in the COVID-19 situation as per national protocol;
- Improved infection prevention practice in COVID-19 situation;
- Caesarian section started in Dagonbhuiyan UHC, Feni;
- Civil Surgeon and Deputy Director-FP (DDFP) provided instruction to upazila level managers to take initiatives for increasing facility delivery;
- Increased local purchase of inj. oxytocin and inj. MgSO4;
- Improved online data entry on MNH and minimized reporting errors;
- Improved coordination and collaboration between health and family planning departments regarding surplus medicines and logistic exchange/handover for public interest;
- Functioning of district and upazila level and facility level QI committees;
- Ensured eLMIS reporting and decision making based on reporting;
- Formation of monitoring body for paperless eMIS in Habiganj.

Supportive supervision

Joint supervisory visit (JSV) is a supportive supervision mechanism to identify and minimize the gaps and limitations of service providers or facilities to ensure quality services. The project supported districts in developing monthly JSV plans and facilitated JSVs as per plan. The project accomplished 433 JSVs in Y3, which was 64% of the planned visits. The achievement was less than expected due to the COVID-19 pandemic. Some of the results contributed by JSVs activities in Y3 were:

- Local level managers purchased inj. oxytocin locally and facilitated the LGI to provide MgSO4 to the UH&FWC; initiated construction of a placenta dumping pit and waste disposal pit; and purchased color-coded bins;

- The Upazila Family Planning Officer instructed service providers working at UH&FWCs to enter all service data into eMIS platform, minimize all register gaps, and ensure satellite sessions regularly;
- The Medical Officer-MCH provided necessary feedback to the FWV who instantly cleaned the labor room and set up the oxygen cylinder with stand;
- Managers provided hands on support to the service providers on record keeping in the MNC register and instructed them to update the pregnant women's list and expected date of delivery (EDD) list and to follow up with the pregnant women regularly so that they deliver at public facilities;
- Improved infection prevention and waste management system in the labor room, SCANU, KMC room and ANC/PNC corners; and,
- Ensuring correct use of partograph.

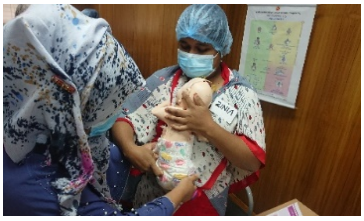
Details on key findings and action taken through JSVs are presented in Annex G.

Sub IR 1.2: Improved readiness of health facilities: physical, skilled staffing, supplies, info systems, referral systems

Training on comprehensive newborn care package

A pool of available district level trainers for CNCP was established in Brahmanbaria, Manikganj, Faridpur, Madaripur, Chandpur and Feni. Twenty trainers received training of trainers (ToT) at BSMMU and provided training to nine Sub Assistant Community Medical Officers (SACMOs) and FWVs at their respective districts. Training in Chandpur could not be completed due to the pandemic. It has been rescheduled for FY4.

Training on kangaroo mother care



Skilled providers are essential for providing KMC services. MaMoni MNCSP arranged training on KMC services for 41 nurses from facilities in project-supported districts. These nurses received three days of theoretical and practical training at BSMMU and ICMH. One batch of KMC training for the doctors was postponed to next year due to the pandemic.

Training on emergency triage assessment and treatment

For improving sick newborn management at SCANUs at DHs and Newborn Stabilization Units (NSUs) at upazila health complexes, five days' training on Emergency Triage Assessment and Treatment (ETAT) was provided to 24 doctors, including two doctors from Monno Medical College Hospital. Eighteen nurses working at SCANUs/NSUs were also trained on ETAT. The training had both theoretical and clinical parts for improving competencies of the doctors and nurses.

Orientation on revised IMCI case recording and reporting

The National Newborn Health Program (NNHP) and IMCI program of DGHS revised the IMCI case record and reporting forms in 2019. MaMoni MNCSP arranged orientation on the revised IMCI case record and reporting forms for 113 SACMOs and nurses working at IMCI corners of UHCs and union level facilities under DGHS in the project districts.

Training on National Newborn Health Program implementation toolkit

The NNHP implementation toolkit was developed to guide managers for planning, implementation and monitoring of newborn health interventions at different levels. MaMoni MNCSP trained 21 managers from DGHS from district and upazila levels on the NNHP implementation toolkit.

Emergency response and initial stabilization of maternal and newborn complications at District Hospitals and Upazila Health Complexes

Availability of initial stabilization/pre-referral stabilization services for maternal and newborn complications at the emergency departments of DHs and UHCs is crucial for survival of mothers and newborns. The project initiated strengthening of preparedness and management of these cases at emergency departments in MaMoni MNCSP districts. The project developed a training package and an implementation plan for the project districts. In Y3, Emergency Management Teams (EMTs) were formed in four DHs (Noakhali, Lakshmipur, Kushtia and Habiganj) and five UHCs (Hatiya, Ramgonj, Kumarkhali, Bheramara and Bahubal) in Noakhali, Laksmipur, Kushtia and Habiganj districts. A day-long orientation session on both clinical and operational issues was provided to the EMT members at their respective facilities. MaMoni will continue facilitation for functioning of these EMTs to ensure initial stabilization/pre-referral stabilization services.

Details on trainings conducted are presented in Annex B.

Development of training package for MNH-QI clinical mentors

Proper supervision and strong follow up after training are important to ensure standard clinical practice while providing MNH services. Currently there are no systematic mechanisms for post-training follow up of providers to ensure good clinical practice and skill retention. The project is supporting the government to introduce a system of clinical mentoring in project districts. The learning from this clinical mentoring system will be shared with MOH&FW and other stakeholders to scale up beyond MaMoni districts. The strategy for clinical mentoring and terms of references (ToR) for the mentors has been developed. A four-day training package for the mentors has also been developed in Y3. In Y4, mentor pools consisting of five to seven members each will be developed, and each pool will have a pediatrician, obstetrician/gynecologist, and midwifery and nursing faculty from nursing institutes, in both public and private sectors, including from centers of excellence. Each mentor pool will be responsible for one or two districts, depending on the availability of mentors and convenience of implementation. These

clinical mentors will provide mentoring to MNH service providers working at different levels of facilities in the project districts through virtual platforms (WhatsApp groups between mentors and mentees and phone communications), facility visits, and the quality improvement committees at the facilities.

Improve preparedness of public facilities for the patient-centered MNC package

The 4th Health, Nutrition, and Population Sector Program (2017-2022) prioritized the strengthening of maternal and neonatal health services through strengthening the union level facilities for MNH care, basic and comprehensive emergency obstetric services at upazila and district level facilities.

MaMoni MNCSP supports MOH&FW to improve the preparedness of public facilities in the project districts to deliver a patient-centered MNC package. As shown in *Table 4*, as of September 2020, 55 (61%) of 90 DHs, MCWCs and UHCs are providing BEmONC services, up from 52 in Y2, and 33 (37%) are providing CEmONC services, which was down from 34 facilities in Y2. Compared to the previous two years, only one facility is not providing CEmONC services, due to a vacant position of a Medical Officer- Clinic in the MCWC. The number of facilities providing KMC services increased from 31 in 2019 to 41 in 2020. The hospital authority at Faridpur Medical College Hospital established a COVID-19 unit in the place where the KMC corner was established. In response, the project has initiated discussions with the Civil Surgeon and Resident Medical Officer to convert the area back into a KMC unit and restore functioning.

Table 4: Public facilities providing EmONC, KMC and midwifery-led services

Facility	# facilities (Cumulative)			# facility providing EmONC services (Cumulative)						# facility providing KMC services (Cumulative)			# facility providing midwifery-led services (Cumulative)		
				BEmONC			CEmONC								
	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020	2018	2019	2020
MCH	1	1	1	0	0	0	1	1	1	0	0	1	0	0	0
DH	10	10	10	0	0	0	10	10	10	4	5	9	0	0	0
MCWC[4]	16	17	19	7	7	9	8	9	9	2	3	3	0	0	0
UHC[5]	59	59	60	44	45	46	15	14	13	19	23	28	17	21	23
Total	86	87	90	51	52	55	34	34	33	25	31	41	17	21	23

Source: Project MIS report

To create an enabling environment for newly appointed midwives, the project organized advocacy meetings with facility managers. The project is working to ensure midwives work dedicatedly only in the maternity units. MaMoni MNCSP also worked with the UHC in-charges to ensure there are separate duty rosters for midwives to allow coverage for ANC, PNC corners, and delivery rooms, and to ensure 24/7 delivery services. They were also linked to emergency departments of UHCs to support emergency cases or to do initial stabilization for referral cases to the higher facility, or MCH unit of FP for PPFP services. The availability of required logistics, equipment, technical standards, protocol and guidelines, and job aids was ensured at maternity

[4] MCWC at Kaderdy union in Boalmari upazila in Faridpur district provides normal vaginal delivery services only.
[5] Newly constructed Saltha UHC in Faridpur district provides maternal health outpatient services only.

units. The project is also supporting MOH&FW to create community awareness of the availability of midwives at UHCs.

Table 5 shows that over 55,093 deliveries were conducted in district and upazila level facilities in MaMoni MNCSP districts in Y3. Among them, 81% were normal vaginal deliveries, 18% were C-sections and 1% were assisted vaginal delivery. The proportion of C-sections decreased by two percentage points from the previous year. The number of deliveries at EmONC facilities in Y3 was lower than the previous years' performance. The reduced number of deliveries in EmONC facilities was primarily due to the COVID-19 pandemic. All government service hours were reduced at the facility level. All district level hospitals and several UH&FWCs were locked down. Service providers were affected by COVID-19, and the referral mechanisms from upazila to MCWCs and DHs were interrupted. Repeated and long-lasting floods also hampered the provision of delivery services at facilities.

Table 5: EmONC performance of DH, MCWC and UHC by selected indicators

Facility	Service	2018	2019	2020
District Hospital	# total deliveries	26,608	28,947	25,215
	# and % normal deliveries	17,050 (64%)	18,945 (65%)	16,768 (67%)
	# and % C-sections	9,309 (35%)	9,721 (34%)	8,134 (32%)
	# and % Forceps/Vacuum/Breech delivery	249 (1%)	281 (1%)	260 (1%)
District MCWC	# total deliveries	5,393	7,466	7,810
	# and % normal deliveries	4,973 (92%)	6,732 (90%)	7,079 (91%)
	# and % C-sections	420 (8%)	727 (10%)	727 (9%)
	# and % Forceps/Vacuum/Breech delivery	0, (0%)	7 (0%)	6 (0%)
Upazila Health Complex	# total deliveries	20,318	22,505	22,068
	# and % normal deliveries	17,875 (88%)	20,739 (92%)	20,586 (93%)
	# and % C-sections	2,312 (11%)	1,579 (7%)	1,362 (6%)
	# and % Forceps/Vacuum/Breech delivery	131 (1%)	187 (1%)	120 (1%)
Total	# total deliveries	52,319	58,918	55,093
	# and % normal deliveries	39,898 (76%)	46,416 (79%)	44,431 (81%)
	# and % C-sections	12,041 (23%)	12,027 (20%)	10,223 (18%)
	# and % Forceps/Vacuum/Breech delivery	380 (1%)	475 (1%)	386 (1%)

Source: EmONC report in DHIS-2, DGFP MIS report (www.dgfpmis.org/ss)

Deliveries at public facilities in MaMoni MNCSP districts have been increasing gradually, but the coverage is still low, particularly at EmONC facilities. Only 5% of the estimated deliveries were conducted in the DHs, 4% in UHCs, and 1% in MCWCs. There have been no improvements in delivery coverage in EmONC facilities over the years.

MaMoni improved the readiness of DHs, MCWCs, and UHCs, conducting capacity building for providers of delivery care, e.g., emergency obstetric care (EOC) training for DGFP doctors; MH packages for Midwives, Certified Midwives, Nurses, and FWVs; and advocating for the midwives to be deployed at the maternity unit; and routine monitoring of the delivery performances.

Strengthening strategically located union level facilities to provide 24/7 MNC

In order to ensure availability of services and to improve equitable access to institutional delivery services within the union, MaMoni MNCSP identified strategically located union level health facilities (UH&FWCs) which can be upgraded to provide 24/7 normal delivery services with minimum resources and time. The project used quantitative and qualitative methods to identify these strategically located union level facilities. The project provided direct inputs to the selected facilities. Upgradation of UH&FWCs as 24/7 facilities was also a national level priority of DGFP. MaMoni defined 24/7 UH&FWCs as those that has a resident skilled delivery provider or a skilled provider available within 15 mins of call and that performed at least 60 deliveries in a year.

Table 6 shows the distribution of 24/7 UH&FWCs that met both provider resident and at least 60 deliveries per year criteria in MaMoni MNCSP districts. Overall, 18% (176) of the UH&FWCs in MaMoni MNCSP districts qualified as providing 24/7 MNC in Y3, which was a 23% increase over the Y2 number. The number of 24/7 UH&FWCs increased in five districts (Brahmanbaria, Chandpur, Faridpur, Feni and Madaripur), with the greatest increases observed in Brahmanbaria and Chandpur districts. In Chandpur, the DDFP took special initiative that FWVs must stay in the facility and he ensured that all residences were livable. The number of UH&FWCs providing 24/7 MNC decreased in the remaining 5 districts, mainly because of the long absence of FWVs on midwifery training and maternity leave and the transfer of FWVs. Also, some UH&FWCs could not meet the criteria of conducting at least 60 deliveries annually to be eligible for 24/7 UH&FWC service provision. In Y3, the project supported 29 UH&FWCs to become 24/7 delivery points; 13 of them completed the process and were designated as 24/7 UH&FWCs. The remaining 16 will complete the process in Y4.

Table 6: Number of UH&FWCs providing 24/7 MNC in MaMoni MNCSP districts

District	# of UH&FWC (Cumulative)		# & % of UH&FWC providing 24/7 MNC (Cumulative)		Average # of deliveries conducted per month by 24/7 UH&FWC	
	2019	2020[6]	2019	2020[7]	2019	2020
Brahmanbaria	66	87	3 (5%)	24 (28%)	4	10
Chandpur	84	93	8 (10%)	51 (55%)	7	10
Faridpur	52	69	4 (8%)	6 (9%)	5	6
Feni	33	42	5 (15%)	8 (19%)	7	10
Habiganj	51	65	39 (76%)	35 (54%)	15	19
Kushtia	38	57	3 (8%)	2 (4%)	6	10
Lakshmipur	34	36	24 (71%)	19 (53%)	21	29
Madaripur	44	56	4 (9%)	7 (13%)	5	11
Manikganj	48	54	4 (8%)	1 (2%)	3	18
Noakhali	55	79	24 (44%)	23 (29%)	24	27
Total	505	637	118 (23%)	176 (28%)	15	16

[6] Includes RD. In 2019, it was only UH&FWC.

[7] 2020 calculation included UHFWCs and RDs of entire districts, whereas in 2019, because of MaMoni's limited support in Y2, we only analyzed selected upazilas of new districts. Also, the 2019 calculation didn't consider the operational definition of 24/7 facility.

Source: DGFP MIS report (www.dgfpmis.org/ss), Project MIS report

Table 7: Number and% distribution of deliveries at public facilities

Facility	2018	2019	2020
DH	26,608 (33%)	28,947 (31%)	25,215 (26%)
District MCWC	5,393 (7%)	7,466 (8%)	7,810 (8%)
UHC	20,318 (25%)	22,505 (24%)	22,068 (23%)
UH&FWC	28,090 (35%)	34,934 (37%)	41,059 (43%)
Total	80,409 (100%)	93,852 (100%)	96,152 (100%)
24/7 UH&FWC		21,797 (23%)	33,633 (35%)

Source: EmONC report in DHIS-2, DGFP MIS report (www.dgfpmis.org/ss)

In Y3, the highest percentage (43%) of deliveries was conducted in the UH&FWCs, followed by DHs (26%) and UHCs (23%). The lowest percentage (8%) was conducted in the MCWCs. The percentage of deliveries in UH&FWCs increased from 37% in Y2 to 43% in Y3 as shown in *Table 7* above. The UH&FWCs in project districts conducted 41,059 deliveries in Y3. Among these, 33,633 (82%) were in 176 designated 24/7 UH&FWCs. These results suggest that strengthening strategically located facilities is an effective intervention to increase coverage of facility delivery.

Management of maternal complications

Overall, 3,236 mothers got admitted with maternal complications at public facilities in Y3, as shown in *Table 8*. The highest number of mothers with complications were admitted at the facilities in Habiganj (807), followed by Kushtia (696) and Noakhali (546). The lowest number of cases were admitted at the facilities of Faridpur (104), followed by Chandpur (121), possibly due to COVID-19.

Table 8: Management of selected maternal complications at public facilities

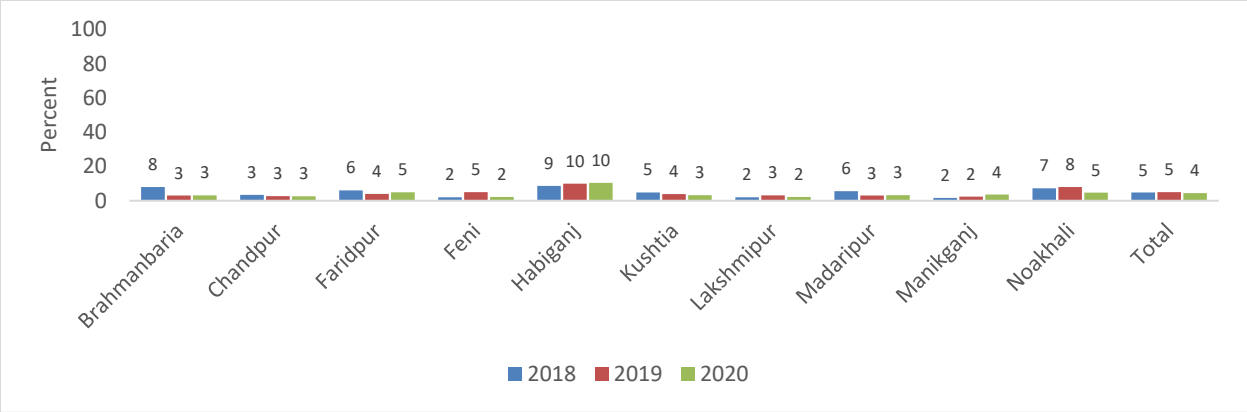
District	# PE/E cases referred with Inj. $MgSO_4$ from UH&FWC		# admitted with PE/E complication at UHC		# admitted with PE/E complication at DH		# admitted with PPH complication at UHC		# admitted with PPH complication at DH		# total cases admitted	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
Brahmanbaria	2	0	0	50	6	26	5	2	302	103	313	181
Chandpur	0	0	25	24	21	37	47	34	35	26	128	121
Faridpur	1	0	10	7	56	47	31	33	10	17	107	104
Feni	69	0	0	13	106	148	48	55	174	107	328	323
Habiganj	17	19	18	39	267	342	47	54	368	372	700	807
Kushtia	1	0	18	44	351	398	33	76	133	178	535	696
Lakshmipur	15	14	11	24	180	68	28	28	172	47	391	167
Madaripur	7	14	9	11	40	45	11	10	113	83	173	149
Manikganj	20	10	15	13	48	58	54	47	46	24	163	142
Noakhali	12	10	25	64	249	292	38	49	152	141	464	546
Total	144	**67**	131	**289**	1,324	**1461**	342	**388**	1,505	**1098**	3,302	**3,236**

Source: EmONC report in DHIS-2, DGFP MIS report (www.dgfpmis.org/ss)

Helping Babies Breathe (HBB)

MaMoni MNCSP has been supporting the HBB intervention in all 64 districts under national scale up activities. Overall, 4% of newborns in public facilities were resuscitated using bag and mask in Y3 in MaMoni MNCSP districts, as shown in *Figure 8*. This is near the estimated acceptable limit of 5%-10%. Feni and Lakshmipur show lower (2%) use of bag and mask, compared to the other districts. The project continued to provide on-the-job training on clinical competencies, functionality, and use of the equipment and recording-reporting systems during regular field visits. The project also identified the facilities that do not have functional bag and mask and facilitated supply of 46 sets of bag and mask in Faridpur, Madaripur, Kushtia and Noakhali districts, based on the requirements of these districts.

Figure 8: percentage of newborns who were resuscitated using bag and mask at public facilities in MaMoni MNCSP districts



Source: EmONC report in DHIS-2, DGFP MIS report (www.dgfpmis.org/ss)

Strengthening Special Care Newborn Units

MaMoni MNCSP continued to support the SCANUs for strengthening facility-based sick newborn care services. To improve the quality of sick newborn management, the project arranged ETAT training for doctors and nurses, facilitated visits of regional roaming teams (RRTs) of professional experts, provided equipment maintenance support, and repaired non-functional equipment in the six existing SCANUs in Faridpur, Habiganj, Kushtia, Lakshmipur, Madaripur and Noakhali districts.

As shown in *Table 9*, a total of 6,729 sick newborns were admitted in six SCANUs (total of 52 beds) in MaMoni MNCSP districts in Y3, which was similar to the total admissions of 6,533 in Y2. Habiganj District Hospital SCANU consistently had higher number of cases over the years compared to the number of beds available (12). Initiatives like the RRT visit, follow up on actions by the hospital authority based on the recommendations of the visit, and regular facilitation by project staff were undertaken. However, the situation remained unchanged due to the overwhelming demand of the SCANU and sometimes pressure from influentials for admission.

Table 9: Number of newborns admitted in SCANU in MaMoni MNCSP districts

Facility	2018	2019	2020
Faridpur General Hospital	506	402	318
Habiganj District Hospital	1,089	2,600	3,209
Kushtia District Hospital	1,119	989	1,001
Lakshmipur District Hospital	388	363	393
Madaripur District Hospital	1,174	1,593	1,192
Noakhali District Hospital	471	586	616
Total	4,747	6,533	6,729

Source: SCANU report in DHIS-2

The case fatality rate (11%) at MaMoni supported SCANUs was lower than the national average (13%) in Y3.

In Y3, the project supported the establishment of two new SCANUs and handed those over to respective authorities of Mohammadpur Fertility Services and Training Centre (MFSTC) and Khulna Shishu Hospital. The Health Engineering Department delayed the renovation work of the SCANU at Maternal and Child Health Training Institute (MCHTI) due to other priorities during the COVID-19 pandemic. Hence. The SCANU establishment is yet to be completed in MCHTI. MaMoni NMNCSP also supported MOH&FW to conduct a site assessment and develop structural and architectural designs for establishing new SCANUs at Brahmanbaria, Feni and Manikganj DHs and upgrade the SCANU at Madaripur DH.

Strengthening kangaroo mother care at facilities

KMC is a proven intervention for preterm and low birth weight babies, which promotes thermal regulation, helps to prevent serious infections, and increases breastfeeding, all leading to decreased mortality from preterm birth-related complications. Forty-one facilities provide KMC services in MaMoni MNCSP-supported districts. With project support, the service providers from these facilities were trained. The project also facilitated and ensured the availability of necessary logistics and documentation tools for providing KMC services. In Y3, a total of 878 newborns received KMC services from these facilities, as shown in *Table 10*.

Table 10: Number of newborns that received KMC services in MaMoni MNCSP districts

District	2018	2019	2020
Brahmanbaria	0	3	20
Chandpur	0	2	20
Faridpur	0	0	12
Feni	0	0	37
Habiganj	116	124	85
Kushtia	254	427	357
Lakshmipur	89	94	147
Madaripur	0	0	22
Manikganj	0	0	19
Noakhali	129	76	159
Total	588	726	878

Source: KMC report in DHIS-2, DGFP MIS report (www.dgfpmis.org/ss)

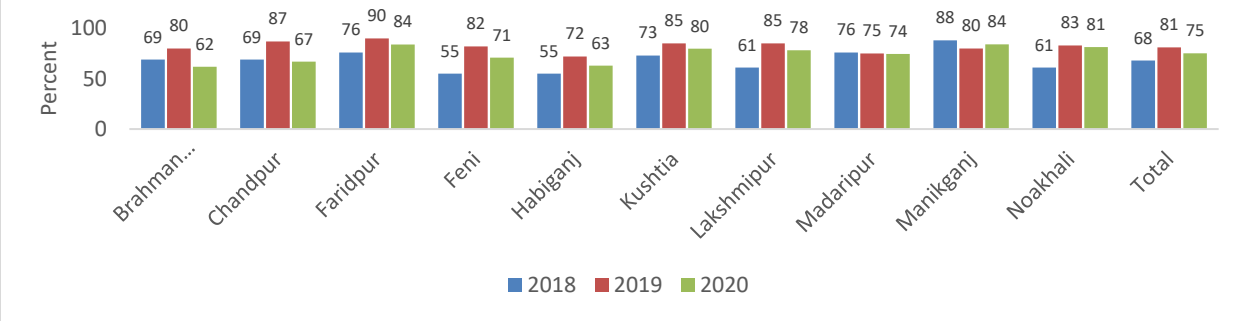
In Kushtia, Noakhali, Lakshmipur, and Habiganj, KMC cases were comparatively high. These districts have SCANUs at DHs that enroll stable newborns (<2000 gm) in KMC when they are released from SCANUs within the same facility. Although the number of newborns receiving KMC increased from 726 in 2019 to 878 in 2020, the average number of cases per facility remained almost unchanged. KMC service utilization at KMC facilities across the country was low April to June due to the pandemic. Based on the national guideline for maternal, newborn and child health (MNCH) services during the COVID-19 pandemic, MaMoni MNCSP facilitated the issuance of a government order by the NNHP & IMCI Program, with directives to ensure continuation of newborn and child health. In line with the directives, the project supported and facilitated the continuation of the newborn services, including KMC, in project districts.

Strengthening human resource management for MNC

Availability of MNC providers at public facilities

Key MNC providers are mainly the doctors, nurses, midwives, FWVs and paramedics. In Y3, overall, 75% of sanctioned key MNC providers were available, compared to 81% in Y2, ranging from 62% to 84% in the districts, as shown in *Figure 9*.

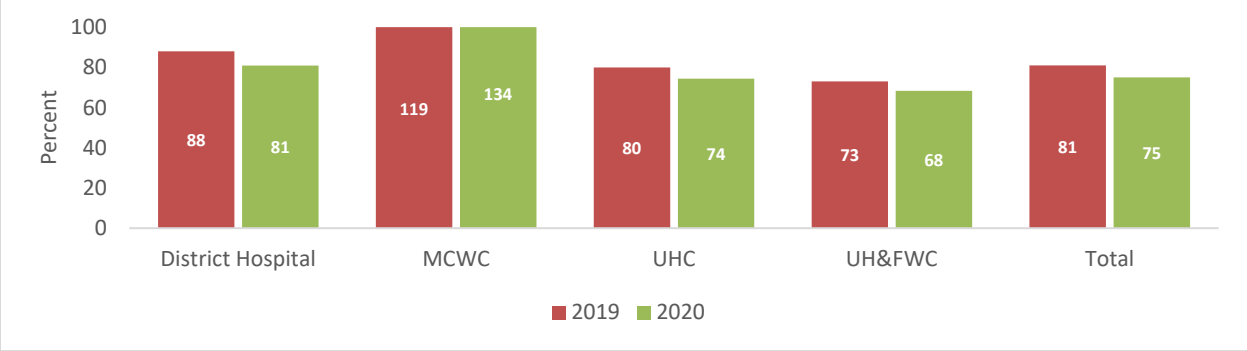
Figure 9: percentage of MNC providers' position filled in MaMoni MNCSP districts



Source: Civil Surgeon and DD-FP Office, MaMoni MNCSP District

In terms of staffing by the type of facility, the union level facilities had the highest number of vacancies (32%), followed by UHCs (25%), and DHs (19%) in Y3. The MCWCs were overstaffed (134%) as shown in *Figure 10*. Overstaffing at MCWCs are primarily due to providers being pulled from unions and upazilas as deputation.

Figure 10: percentage of MNC providers' position filled in MaMoni MNCSP districts, by facility



Source: Civil Surgeon and DD-FP Office, MaMoni MNCSP District

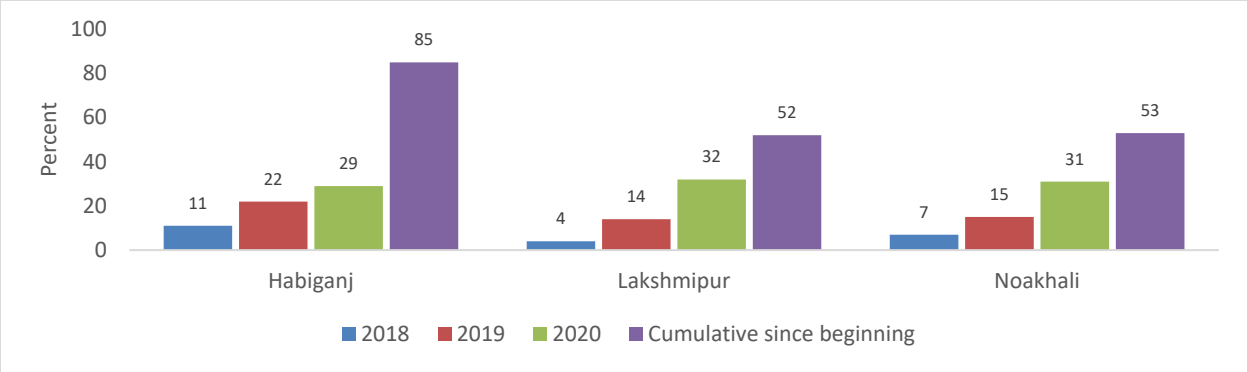
Implementation of electronic management information system

MaMoni MNCSP has been supporting the MOH&FW to implement an electronic management information system (eMIS) at different health facility levels, aligned with the operational plan of the MIS unit under DGFP. The eMIS is the electronic version of paper-based service registers used by front-line health workers. It consists of a facility module and community module. The project has been implementing the eMIS in 41 upazilas in nine MaMoni MNCSP districts, while icddr,b/MEASURE Evaluation has been providing technical and logistics support to implement the eMIS in one other district (Madaripur). In Jahlokati district, which was under the previous phase of MaMoni MNCSP, the eMIS facility module is still being implemented with minimal supervision support from the project. The expansion of the facility module of the eMIS started in

2019 in six new MaMoni MNCSP districts, and 149 union level facilities began eMIS implementation in 2019. Though it was planned to scale up eMIS implementation to the rest of the 313 union level facilities in 2020, due to delayed budget flow and the COVID-19 pandemic, this was not possible. As of September 2020, the cumulative number of union level facilities implementing eMIS is 446, which accounts for 59% of all union level facilities in the 10 MaMoni MNCSP districts and Jhalokati district.

The community level module has been implemented in four districts, namely Habiganj, Noakhali, Lakshmipur and Madaripur. FWAs are responsible for completing the community module. In four districts, 996 FWAs are using the community module, which accounts for 100% of FWAs. FWAs conduct population and household registration at community level in order to register the whole population assigned to them. As shown in *Figure 11,* the cumulative progress of population registration in Habiganj, Lakshmipur and Noakhali was 85%, 52% and 53%, respectively.

Figure 11: percentage of population registered in eMIS in MaMoni MNCSP districts



Source: eMIS report

Implementation of OpenMRS

OpenMRS is an open source enterprise electronic medical record system platform, to manage the clinical data. As part of digital innovation in the public health sector in Bangladesh, DGHS is planning to implement OpenMRS+ (hospital automation system) in 50 district and upazila level hospitals in the country. As part of the initiative, MaMoni MNCSP supported DGHS in implementing the patient registration system using the Open MRS platform in Manikganj DH and Daulatpur UHC in the same district. The project customized the patient registration process and introduced a queue management system within the OpenMRS platform, which was deployed in the implementation sites in Manikganj. On the clinical side, the ANC/PNC register is functional at the implementation site and the development and customization of the IMCI register is completed and ready to be implemented. All daily reports based on registration are now being automatically generated. Laboratory, pharmacy, admission and labor and delivery modules also were developed, but due to COVID-19-related travel restrictions, it has not yet been implemented in the hospital. The project organized on-the-job training for the associated staff. In Y3, a total of 87,027 patients/clients were registered in Manikganj DH and 48,824 in Daulatpur UHC. Due to the COVID-19 outbreak, the patient inflow was low during the months of April to July. (On average, 3,671 and 1,907 patients were seen at the DH and UHC per month, respectively.) In the last three months (July to September), the patient inflow and registration increased sharply to 11,797 and 3,627 patients at the DH and UHC, respectively.

Strengthening logistic management information system (LMIS)

MaMoni continued health commodities management in Y3, using data from the supply chain management portal (SCMP), DGHS electronic LMIS (eLMIS), and paper-based LMIS reports in MaMoni MNCSP districts. The project scaled up DGHS eLMIS in Madaripur district with technical support from MtaPS, MSH. To this end, the project organized training, including ToT at district level and hands-on training at upazila level. In total, 143 participants (statistician, store keeper, pharmacist, SACMO, community health care provider (CHCP), and HA) from four upazilas in the district received the training. These upazilas have started reporting through the eLMIS.

The project provided refresher training to the project staff up to upazila level on the SCMP and DGHS eLMIS, so that they can monitor the service delivery point (SDP) level stock out status of medicines, as the field visits were minimal given the COVID-19 situation. There were stock outs of 7.1% chlorhexidine, injectable magnesium sulphate (Inj. MgSO4), and oxytocin in MaMoni MNCSP districts at varying levels. To address the existing and potential stock outs, the project facilitated re-distribution of drugs and commodities from the regional warehouse to the district store and SDPs and also between the supply chain system of DGHS and DGFP. The project also encouraged local purchase of drugs and commodities utilizing local resources. Below are some examples of how the project addressed the stockout of essential MNH drugs in Y3:

- Facilitated issue of demand and supply from RWH and CWH of DGFP:
  - ✓ 7.1% CHX: 6,140 units to Lakshmipur and Madaripur
  - ✓ Tab. Misoprostol: 5,600 doses to Lakshmipur, Habiganj, Madaripur, Kushtia and Faridpur
- Facilitated issue of demand and supply from Civil Surgeon (CS) store and EDCL (DGHS):
  - ✓ Supply from CS store: 1,190 units of 7.1% chlorhexidine to Feni DH and Lakshmipur UHCs, 60 pcs of Inj. Oxytocin and 800 doses of Tab. Misoprostol to Lakshmipur UHCs, 75 units of Inj. MgSo4 to Lakshmipur UHCs and Kushtia UHCs
  - ✓ From EDCL: 700 doses of Tab Misoprostol from EDCL, Bogura to Kushtia UHCs
- Mobilized local government funds for purchasing essential medicine:
  - ✓ 885 units of Inj. Oxytocin were purchased by the UP and supplied to UH&FWCs (24/7 Delivery Centers) at Chandpur, Lakshmipur, Noakhali, Madaripur and Habiganj.
  - ✓ 50 units of Inj. MgSO4 IM preparation provided by Upazila Nirbahi Officer for UH&FWCs Lakshmipur and Madaripur. Also, misoprostol tablets (335 doses) were procured with LG funds in Habiganj district.
- Facilitated redistribution among different level facilities of DGFP: 187 units of 7.1% CHX redistributed between different UHCs in Noakhali, Chandpur and Habiganj district
- Facilitated redistribution between DGHS and DGFP: 38,750 units of 7.1% CHX redistributed between DGHS supply system and DGFP supply system at Brahmanbaria, Noakhali, Lakshmipur, Feni and Madaripur district. Facilitated redistribution of 100 units of 7.1% CHX from Sadar FP store to DH, Noakhali (DGFP to DGHS supply system).
- Facilitated local procurement by DGHS managers. Facilitated local procurement by UH&FPO: 2,689 units of 7.1% CHX in Faridpur and Madaripur. Facilitated procurement of 10,000 units of

Inj. Oxytocin by RMO, DH, Faridpur. Facilitated 500 doses of Tab. Misoprostol with procurement by the Upazila Health and Family Planning Officer (UHFPO), Madaripur.

- Facilitated implementation of GO in Inj. Oxytocin procurement and reimbursement by FWV at SDP level.

Details on how MaMoni MNCSP facilitated stock management of essential medicines are in Annex H.

New learning activities

Generating lessons on strengthening small and sick newborn management, including post-discharge follow-up, in MaMoni MNCSP districts of Bangladesh

MaMoni MNCSP, in collaboration with the Department of Neonatology, BSMMU, is carrying out implementation research in Lakshmipur DH and Ramganj UHC since September 2019. The study aims to understand the effective strategies for improving follow up mechanisms for small and sick newborn management in selected district and upazila level public facilities of Bangladesh.

The pediatrician from Lakshmipur DH was sharing his experience on KMC and SCANU services in the design workshop.

Based on the baseline assessment findings, an implementation strategy was developed in the design workshop held in October 2019 to improve the services. Facility- and service-wise (KMC/SCANU) implementation activities were documented during monthly follow up meetings. At the beginning of implementation, a patient-friendly KMC corner was established with all the necessary logistics.

A total of 65 (13 doctors, 47 nurses, and five midwives) service providers from both facilities were oriented on the provision of KMC and SCANU services in February 2020. New materials and job aids, like the SCANU admission and discharge criteria festoon, prescribed discharge advise seal, SCANU post-discharge follow up schedule card, and phone follow up recording book, were displayed in strategic places in the hospital. Phone follow up of the discharged KMC/SCANU babies was introduced in February 2020. To initiate the KMC community follow up, a directory with contact details of all the frontline workers, including health inspectors (His), assistant health inspectors (AHI), and community health care providers, of all five upazilas of Lakshmipur district was developed.

Due to the pandemic, orientation of the frontline workers was delayed, and consequently, community follow ups could not be started per the implementation plan. After the withdrawal of government restrictions, a total of 124 front line workers, including HI/AHIs and district public health nurses (DPHNs), were oriented in August 2020 on their roles and responsibilities in KMC community follow-up.

After the orientation, a phone reminder by the KMC nurse to the respective frontline worker was started and the community follow-up of KMC babies by the frontline workers commenced. As of September 2020, 92 babies received services at the KMC corner in Lakshmipur DH and 10 babies received services at Ramganj UHC. Sixty-five babies at Lakshmipur DH and eight babies at

Ramganj UHC received a post-discharge first follow- up. Additionally, 381 sick babies received SCANU services. Among them 57 received post-discharge follow up at Lakshmipur DH in Y3.

Role of midwives in different level health facilities in MaMoni districts in ensuring maternal and newborn health services

USAID's MaMoni MNCSP undertook implementation research on midwives in February 2020 in selected sites of Lakshmipur and Madaripur districts. The study aims to provide information on the utilization of the newly deployed health cadre – midwives – and their optimal role and associated workplace challenges. This mixed methods study included in-depth interviews, key informant interviews, exit interviews, direct observation and record review.

Results showed that there were gaps in facility readiness in Ramgati UHC and Kalkini UHC, such as inadequate equipment in the delivery room, e.g., no autoclave, inadequate bed capacity, non-functioning weight machine, and no arrangement for C-section. Similarly, there were gaps in human resources like gynae and pediatric consultants and cleaners. This resulted in difficulties in managing critical delivery patients. The majority of the midwives shared that they were not familiar with the terminology "signal function," but they could perform the components of signal function. During the study visit, Ramgati UHC had inadequate FP commodities that resulted in difficulties in the continuation of the FP services. In the Char Ramiz UH&FWC, the midwife only had to conduct the delivery even at night which prompted security concerns. Midwives were looking for the training on PPH, eclampsia, breastfeeding, KMC, LARC-IUD, and PPIUCD service as well as refreshers of midwifery care. From record review of two districts, we found that diploma midwives did 59% of all ANCs and 78% of all deliveries at UHC level during January to December 2019 after their deployment. The provision of ANC and delivery services by certified midwives was 0% and 11% at DH level, respectively, but at UH&FWC level almost 97% deliveries were conducted by appointed midwives (November to December 2019). Exit interviews with the clients receiving services from the midwives showed that about 96% of women expressed their satisfaction in the process of maintaining confidentiality and 80% of clients with the physical examination while doing ANC consultation. Almost all clients had the opportunity to have a companion of their choice during labor and childbirth. The midwives treated almost all the clients with respect and the clients would advise other pregnant women to visit these facilities.

Integration of customized mHealth services for strengthening eMIS

MaMoni MNCSP initiated an mHealth approach to send customized SMS reminders to eligible MNC clients about upcoming ANC, delivery, PNC and PPFP visits. Based on identification of pregnancy events in eMIS, SMSs were generated and sent to the gateway to deliver to clients' cell numbers. This activity was done as a pilot project in Madhabpur upazila of Habiganj district in June 2019. In general, the SMS reminders were well-received by the women. A comprehensive summary presentation from the pilot phase of the mHealth innovation was prepared and shared with DGFP. The study demonstrated that mHealth technology developed and tested by MaMoni is more than 90% efficient in generating and delivering expected/programmed individually customized SMS messages. DGFP acknowledged the achievement and committed to leverage its resources in expanding the service to the rest of eMIS districts. The project has plans to scale up in rest of Habiganj district and selected upazilas of other districts.

Classification and reporting of perinatal deaths in USAID's MaMoni MNCSP districts

MaMoni MNCSP has submitted a protocol to the Bangladesh Medical Research Council (BMRC) and SCUS-ERB for ethical clearance. This study aims to assess current practices and gaps in the classification and reporting of perinatal deaths in public health facilities and the use of such data in addressing gaps in delivery and newborn care. In addition to qualitative data collection tools for key informant interviews, in-depth interviews, a data extraction form, death inquiry tool adapted from WHO, and a facility death review form of maternal and perinatal death surveillance and response were developed. Based on the review process, Habiganj and Kushtia districts were selected for the study. During a workplan development planning meeting with USAID, USAID said that they will see if USAID's Research for Decision Makers (RDM), icddr,b can take on this research. USAID later advised to drop plans for this research in the MaMoni year 4 workplan.

An explorative study on use of tranexamic acid in the management of post-partum hemorrhage at different levels of public and private health facilities in Bangladesh

MaMoni MNCSP has submitted a protocol to Bangladesh Medical Research Council (BMRC) and Jhpiego-ERB for ethical clearance. This study plans to collect data on management of PPH with tranexamic acid at different levels of public and private health facilities in Bangladesh. All the relevant tools, including a key informant interview and in-depth interview checklist and mini-survey questionnaire, were also developed. Based on DHIS-2 data review, Brahmanbaria and Faridpur districts were selected for the study. During a workplan development planning meeting with USAID, USAID said that they will see if USAID's Research for Decision Makers (RDM), icddr,b can take on this research. USAID later advised to drop plan on this research in MaMoni year 4 workplan.

Sub IR 1.3: Functional systems for social accountability

Standardize, implement and scale up effective social accountability models

MaMoni MNCSP developed a comprehensive training package for improving skills of implementing partner staff and organized training in different venues at regional level. The purpose of the training was to develop implementing partner staff's skills and capacities for implementing social accountability (SA) tools. A total of 129 staff participated in five batches of training. The SA tools operational guideline and relevant training handouts were delivered to the participants.

To improve responsiveness of health systems to deliver patient-centered MNC services, the project initiated an approach to establish social accountability that relies on civic engagement where citizens participate directly or indirectly in improvements in the delivery of care from the service providers. To establish the functional and operational system of social accountability, the project facilitated introduction of a set of SA tools in a number of facilities. Overall, 59 facilities in project districts adopted SA tools. Among these, 53 facilities introduced a client feedback mechanism using suggestion boxes, while 49 facilities initiated a citizen charter to enhance information for clients. Ten facilities implemented a help desk with a floor plan. In Y3, two UH&FWCs in Manikganj and Noakhali districts introduced use of the Community Score Card (CmSC). Through the CmSC process, the facilities developed action plans and implemented the plan with the leadership of the respective UH&FWC management committees. The project could not conduct public hearing and participatory planning due to the pandemic.

The project organized an orientation in Feni district to sensitize and encourage active involvement of district and upazila managers for functioning SA interventions, Community Support Committees (CSCs) and Community Micro-planning approaches. After completion of the orientation, the Civil Surgeon of Feni provided directives to the DH and all UHCs to introduce the 4th generation citizen charter and to ensure the suggestion box was functioning in the facilities. The project in Faridpur district organized youth forum "Anuproyash" orientation on SA. As a part of the orientation, a comprehensive action plan was developed by the participants for promotion and activation of SA interventions in the district. The participants prepared an action plan on how they can provide voluntary services in the district. They agreed to sit together with the MaMoni team at least quarterly for sharing updates and future directions.

Citizen charter

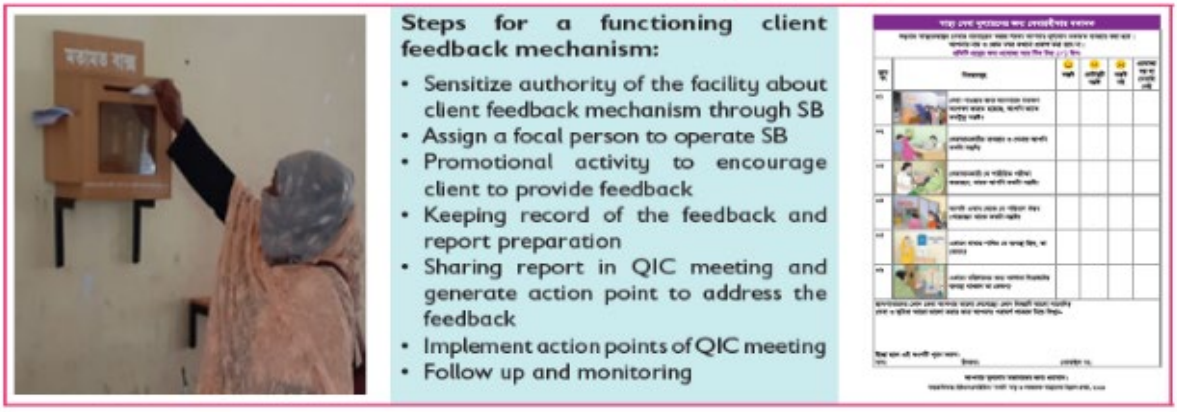
MOH&FW introduced the citizen's charter that displayed all available services and details of service providers in a health facility. The objective of this detailed citizen charter is to assist quality health services through public awareness at the health facilities. The 4th generation citizen charter was introduced through countrywide orientation by the Government Innovation Unit. MaMoni MNCSP facilitated issuance of a directive through DGHS for inclusion of 'Client's Responsibilities' in citizen charter. The project customized the 4th generation citizen charter for DHs and UHCs and shared it with selected facilities. In the reporting period, authorities of 49 facilities endorsed promotion of the citizen charter in their facilities. The project developed a strategy to build awareness on citizen charter messages among the service receivers and communities. The strategy includes youth orientation, promotion from the help desk, uploading on the Facebook page of the facility, and sharing through LGIs' campaign and publicity.

Suggestion box

MaMoni MNCSP designed the client feedback intervention by labeling the existing complaint boxes as "suggestion boxes" in the DHs and UHCs. The project facilitated activation of a client feedback mechanism through the suggestion box in the facilities where Quality Improvement Committees (QICs) are functioning. Additionally, the project initiated some promotional activities to encourage clients to provide feedback.

In Y3, 24% of DHs and 39% of UHCs conducted QIC meetings, where client feedback issues were discussed and addressed. The following client feedback issues were addressed in the QIC meetings:

MaMoni MNCSP facilitated client feedback mechanism through use of suggestion boxes



Client providing written feedback using the suggestion form in the suggestion box in Faridpur district hospital

- In Habiganj DH, actions were set to prevent broker's influence.
- Manikganj DH arranged separate and wider waiting space and separate ticket counter for female clients.
- In Faridpur, Noakhali and Manikganj, decisions were taken for maintaining cleanliness of the toilets and hospital premises and to ensure safe drinking water for patients.
- In Feni, actions were undertaken to ensure the presence of duty doctors and service providers and professional behavior. A person was assigned to operate the help desk.
- In Feni, Chandpur and Brahmanbaria, actions were taken for managing waste safely.
- A dumping pit was established at Shahrasti UHC, Chandpur.

Help desk

A help desk is a place where any client visiting the facility can go for information related to the type, location, and hours of services provided and service providers. The assigned person in the help desk is also expected to provide information about emergency referral transportation and blood donation. The project facilitated and sensitized authorities of the facility for functioning of the helpdesk by assigning a designated person. In Y3, 10 facilities initiated help desk operator service for providing informational support to the clients. The project also mobilized community volunteers and youth groups to make the help desks functional in Shibaloya UHC and Faridpur DH. The project provided orientation to a pool of volunteers on providing necessary information from the help desk. These volunteers started providing information from the help desk on a rotation. Youth groups have also undertaken some actions to promote social accountability interventions through the Facebook page of the facility and their regular activities.

Community score card

The purpose of CmSC is to improve the quality, efficiency and accountability of services at the community level. It is a two-way ongoing participatory process, which strengthens mutual understanding between service providers and service users, through collaborative actions to overcome identified gaps. It also helps to establish a feedback mechanism through dialogues. This process aids in strengthening community empowerment and citizens' voices. The UH&FWC management committee (UH&FWC MC) leads the process where both service providers and service users identify issues (inputs) like availability of the service providers, type of services provided from the facility, involvement of the UH&FWC MC, availability of essential medicine, service providers' behavior, etc., in the CmSC. Service provider and service receivers groups

score against the common inputs, share in an interface meeting, and develop an action plan for improvement. Usually an action plan cycle is completed in three months, then another starts.

The CmSC was exercised in Arua and Char Bata UH&FWCs in Manikganj and Noakhali districts, respectively. As an outcome of the exercise, comprehensive action plans were developed through interface meetings and were displayed in the respective facilities and UPs. The following were the progress of action point implementation:

- One paramedic was deployed by Char Bata UP from February 2020.
- Char Bata UH&FWC ensured two female staff (FWV, SACMO) who were absent for long time.
- Arua UP started construction of an approach road and boundary wall at Arua UH&FWC.
- Nineteen awareness raising sessions were conducted on the services provided from the facility of Arua UH&FWC among the adolescents.
- Arua UP initiated regular listing and follow up of pregnant women by the FWAs of the union.

Digital clients' feedback prototype

MaMoni MNCSP has developed a prototype model of a Raspberry Pi-based clients' digital feedback application. The model is like an ATM machine with a display and buttons to enter the response. This will help capture clients' experience of care related to QoC indicators recommended by WHO. Three sets of feedback questionnaires on ANC, PNC and delivery were developed and programmed into the feedback machine. It was pre-tested in-house and revised based on the feedback received. A dashboard displaying collated data from the kiosk was also developed. The prototype will be piloted at Manikganj District Hospital and installed outside the ANC-PNC room once the COVID-19 pandemic situation improves.

Community support committee formation and activation

MaMoni MNCSP facilitated the Director of Hospital and Clinics to issue a letter for the formation of CSCs in the DHs and UHCs of all 10 districts. In Y3, CSCs formed in Manikganj and Kushtia DHs and Haimchar UHC.

CSC initiatives at Manikganj District Hospital

The CSC of Manikganj DH set an example for addressing client's feedback. The Manikganj Municipality Mayor led the process. The Mayor took following initiatives for improving service delivery and client satisfaction:

- Organized a meeting with all UP and upazila chairmen of Manikganj district to mobilize resources for healthcare services;
- Municipality took responsibility for cleaning outside of the hospital building twice a week, repaired deep tube well for drinking water;
- Fixed rates for hiring ambulance;
- Formed a monitoring team with the representative of police, local journalist and hospital authority;
- Displayed the Citizen's Charter in the open and visible places;
- Made efforts toward the beautification of the hospital compound.

IR 2: Improved quality of MNC services and governance of quality of care (QoC)

Sub IR 2.1: Strengthened coordination for QoC between different MOH&FW agencies and other stakeholders

MaMoni MNCSP coordinated with a range of MOH&FW agencies to extend the reach of quality improvement (QI) in Bangladesh. Externally, there have also been opportunities to work with the World Health Organization (WHO), UNICEF, and UNFPA.

National quality policy and strategy

The national quality policy and strategy (NQPS) activity stalled and restarted at a slower pace to reflect the changing environment. Building on the visit in Y2, the situational analysis phase was concluded. However, due to the COVID-19 pandemic, the dissemination and feedback stage was not undertaken. The development of the NQPS document has already commenced and it includes key themes to be accepted and then finalized.

Patient safety and infection control package

In Y3, the project developed four implementation packages (handwashing, sterilization, safe surgery checklist and clinical handover), as defined in the approved MOH&FW manuals for patient safety and infection control. These packages had been internally validated and are ready for handover to the Quality Improvement Secretariat (QIS) for release across Bangladesh. These packages are awaiting testing in Manikganj.

National technical support to co-develop a national QI training curriculum

MaMoni developed draft QI curriculum. The curriculum requires extensive consultation with all development partners. It was previously agreed that this would be presented at the National Technical Committee (NTC) meeting with all development partners for discussion and approval. However, the process had been delayed due COVID-19 pandemic.

Pool of national faculty to deliver maternal and newborn health-quality improvement (MNH-QI) trainings

The project commenced this activity in Y2 and continued to work on this in Y3. Through the Improvement coach program, a total of 37 coaches were developed, of which five represented the professional bodies. MaMoni MNCSP facilitated the Bangladesh Pediatric Association (BPA) representatives to visit Manikganj and coach providers on their MNH-QI projects.

Private sector engagement on quality improvement and quality of care

MaMoni MNCSP collaborated with QIS to aid with the foundation of a dedicated society to quality in health systems. This is the Bangladesh Society for Quality in Healthcare (BSQua). Working with representatives from the public and private sectors, the project played a leading role in planning the society and forming its constitution. MaMoni was requested to lead the multi-sectoral committee on designing a forum, funded through contributions from the Directorate General of Drug Administration (DGDA) and private sector. The constitution and all relevant documents were prepared and submitted to the Ministry of Social Welfare for next steps.

The project also worked with key actors in Dhaka Metropolitan. Through BSQua platform, MaMoni engaged with them and expressed an interest in learning from the work that has been earlier demonstrated in Manikganj district. They have invited MaMoni to visit their facilities and

provide some capability development activities. However, this did not progress due to the COVID-19 pandemic.

Bangladesh is one of the three Quality, Equity, Dignity (QED) network countries that was selected by the WHO to conduct a study on private sector engagement. The study includes a literature review phase, as well as key informant interviews (KIIs) to better understand the drivers and challenges for engaging the private sector in supporting healthcare. In Y3, almost 78% of the planned KIIs were completed despite COVID-19-related setbacks.

Strengthen Quality Improvement Secretariat

To support the government's initiative to improve quality of services, MaMoni MNCSP is supporting QIS through different kinds of activities:

National quality improvement strategic plan

The national QI strategic plan was developed in 2015 during the last sector program period. The QIS has taken an initiative to revise it with support from MaMoni MNCSP. To get feedback and suggestions from stakeholders, a consultation meeting was organized by QIS in November 2019, led by the Director, Hospitals and Clinics. However, follow-on activities were delayed due to the COVID-19 pandemic.

Quality Improvement Committees and facility level indicators (FLI)

The foremost footstep for execution of the national QI strategy is to develop the QI structures from national to upazila levels. Underneath this initiative, MaMoni MNCSP supported QIS to form quality improvement committees (QICs) at division, district, upazila, as well as at facility level. All the divisional, district and DH level QICs have been formed/reformed across the country. Upazila and facility level QICs have also been formed in the MaMoni MNCSP-supported districts. Efforts are being made to activate (i.e., to have regular meetings) the district and DH QICs in four divisions, where the project deployed divisional QI coordinators. The QIS and divisional coordinators jointly activated 38 QICs in 38 districts (including geographical areas beyond MaMoni districts). In Y3, 10 district QICs meetings and 87 DH QIC meetings were held. More time and push from QIS are needed to keep these committees functional. However, once activated it's a good platform to reach out with all sorts of QoC activities to translate the data into the actions. Divisional coordinators in four divisions conducted 58 facility level indicator assessments (FLIs). Divisional coordinators used the FLI tool that was developed and introduced by QIS to assess the facility to provide MNCH services by covering multi-dimensional indicators focusing on facility readiness and service quality using a score system. Aggregated data of FLI could be found in DHIS2. In addition to QIS efforts, the project facilitated QIC meetings in project-supported districts. Details on the status of these meetings is given in Annex I.

Capacity building through QIS

QIS also has taken a lead role in capacity building of GOB health managers and front-line health workers. In Y3, 336 persons were coached. In Y3, the skill transfer slowed down due to dengue fever, budget limitations, and the COVID-19 pandemic. The coaching course was designed to cover multi-dimensional areas, which is aligned with QIS's mission and vision. Infection control and prevention and antimicrobial stewardship, 5S, Plan-Do-Check-Act (PDCA), Integrated Services (i.e., regular health care along with COVID-19), maternal perinatal death surveillance

and response, etc, are some capacity building packages that were set out. To make coaching more interactive and attainable, several coaching videos were developed and have been used during in-person coaching using either physical or virtual platforms (e.g., Microsoft Teams).

Research studies by QIS

Several research activities were undertaken by QIS in Y3, which include: (a) Patient safety status of private hospitals in Dhaka city, (b) Study on quality of dengue case management and risk factors for dengue deaths, (c) Study on antimicrobial resistance (AMR), and (d) Patient satisfaction study. The findings are still under review process to make them final. Two MaMoni seconded staff were involved in these studies undertaken by QIS.

Sub IR 2.2: Scalable models for MNC QoC strengthened and expanded

Facilitate QoC model scale up

This sub-IR reflects national and district level activities, which cover the capacity building, operational supports, testing, and demonstrated results under MNH-QI bundles. As the "Prototype District" in Manikganj (four upazilas), all the developed bundles have been tested, and based on results, refined and tested again in order to be ready for scale up. The methodology that was used to support the MNH-QI scale up in project districts is the "Model for Improvement (MFI)", as adapted and coached by IHI. The model is a simple but powerful tool for accelerating improvement. It has two parts - (1) three fundamental questions which can be addressed in any order (2) the PDCA cycle to test changes in work settings. The PDCA cycle guides the test of a change to determine if the change is an improvement.

The Learning Network Model uses this methodology to test the changes to bring improvement. This report covers the latest status updates of Manikganj and other scale up districts that have mostly commenced in quarter 4 of Y3. In summary, a total of 296 GOB personnel (frontline workers, managers, statisticians) from four districts (Manikganj, Madaripur, Brahmanbaria and Chandpur) were trained to uptake 57 new aims for improvement, as per their baseline data. Altogether, the districts have been working with 168 aims to improve quality under nine MNH-QI clinical bundles. Moreover, two inception meetings were held in two new districts, Faridpur and Feni, to scale up the bundles in FY4. At the end of Y3, 99 facilities from six districts came together to "Test-Learn-Share," the MNH-QI process to reach the desired goal of providing quality MNH services.

Review and development of MNH-QI implementation bundles sourced from IHI and existing resources

The implementation package defines critical changes to current exercises that all QI teams in the collaborative will implement. The initial implementation package lays out a set of practices and standard procedures built on the evidence-based best practices that both local and international stakeholders and experts agreed upon. If implemented systematically, preferably through the Model for Improvement (MFI), the implementation package will help teams to successfully achieve the optimal outcomes articulated in the collective improvement objectives. The content of the implementation packages is focused on what already exists in the settings and the current level of problems with quality. The implementation package addresses changes to the technical content or changes in the way services are organized and delivered, as per

context. In Y3, several MNH-QI bundles were developed through several consultation meetings among IHI faculty, the Bangladesh IHI team, and broader SCI maternal and newborn thematic teams. After capitalizing on enormous efforts, seven clinical MNH-QI bundles have been developed to address the continuum of care for mother and newborns. With these new seven clinical bundles, MaMoni now possesses 12 MNH-QI bundles and is set to scale up. To materialize these bundles, they are contextualized based on existing maternal and newborn health SOPs, strategy and guidelines, and are translated into Bangla for trainees' convenience and understanding.

Manikganj MNH-QI learning and sharing platform as prototype district

By utilizing the "MNH-QI Learning & Sharing Scale Up Model" for improvement of QoC, MaMoni MNCSP has designed, developed and implemented interventions to improve maternal and newborn care across the public and private health care systems in selected districts of MaMoni. This is a shared learning system that brings a large number of teams together to collaborate in order to rapidly achieve significant improvements in processes, systems, quality, and efficiency of a specific area of health care, along with the intention of spreading these methods to other sites. In line with this, MaMoni has developed a thorough plan to institute and commence a fruitful collective MNH-QI learning and sharing scheme, which has started roll out in four upazilas in Manikganj district as the prototype. In Y2, five MNH-QI bundles (ANC, CPU, PNC, ENC and KMC) were tested and successfully demonstrated in 32 public and private facilities. To enhance the learning and sharing of activities on a single platform, the team was supposed to facilitate "Learning Session-03" for the four earlier upazilas (Sadar, Saturia, Shibalaya and Daulatpur) and "Learning Session-01" for three new upazilas (Ghior, Singair and Harirampur) with the facilitation of IHI faculty in March 2020. However, this was postponed due to COVID-19 and changing circumstances suggested by USAID.

Scale up of MNH-QI in Manikganj as the prototype district

As per the Y3 workplan, another three new upazilas were connected with the learning and sharing model. Three new UHCs and 22 UH&FWCs from Ghior, Harirampur and Singair started their MNH-QI projects after transferring skills in early Y3. Manikganj, the prototype district, also scaled up to 97 from 69 MNH-QI projects with aim statements. During the last quarter in Y3, four new MNH-QI bundles (Vaginal Delivery Bundle [i] On Admission, [ii] During Labor & Delivery and [iii] After Delivery and [iv] Newborn Resuscitation) were introduced in eight selected facilities through 32 aim statements. In total, 58 health facilities (1 DH, 1 MCWC, 6 UHC, 48 UH&FWC and 2 private) in Manikganj are now testing the "New four MNH-QI bundles," and demonstrating results of the six old MNH-QI bundles, and the total number of aim statements has scaled up to 129 (old 97 and new 32). To commence this journey with the new MNH-QI bundles, MaMoni coached 103 service providers from eight facilities.

Performance of MNH bundles using the model for improvement in Manikganj district

Fifty-two facilities in Manikganj district have been working on quality ANC, nine on correct partograph use (CPU), seven on ENC, 27 on quality PNC and two on KMC projects. The facilities started these MNH-QI projects with specific aims for their areas of improvement. The running 70 MNH-QI projects from Y2 in four upazilas are now in the sustainability phase according to their aim. Another three new upazilas are in their second phase with 39 MNH-QI projects. Seventy-six out of 103 MNH-QI projects in seven upazilas have started the reporting to

demonstrate results. *Figures 12- 16* show mean and median monthly performance levels. *Figure 12* shows that all the MNH-QI bundles have improved their median performance over time. Quality ANC increased from 73 % in Y2 to 86% in Y3. Ninety-nine percent of QI teams were able to use a partograph correctly in the reporting year, which was 68% in FY2. Ninety-seven percent of QI teams served quality PNC, which was 90% in the previous year. Similarly, QI teams demonstrated good progress in serving quality ENC by reaching 93% of newborns during Y3, in comparison with 69% in FY2.

Figure 12: MNH-QI bundles' progress (Collaborative) in Manikganj district

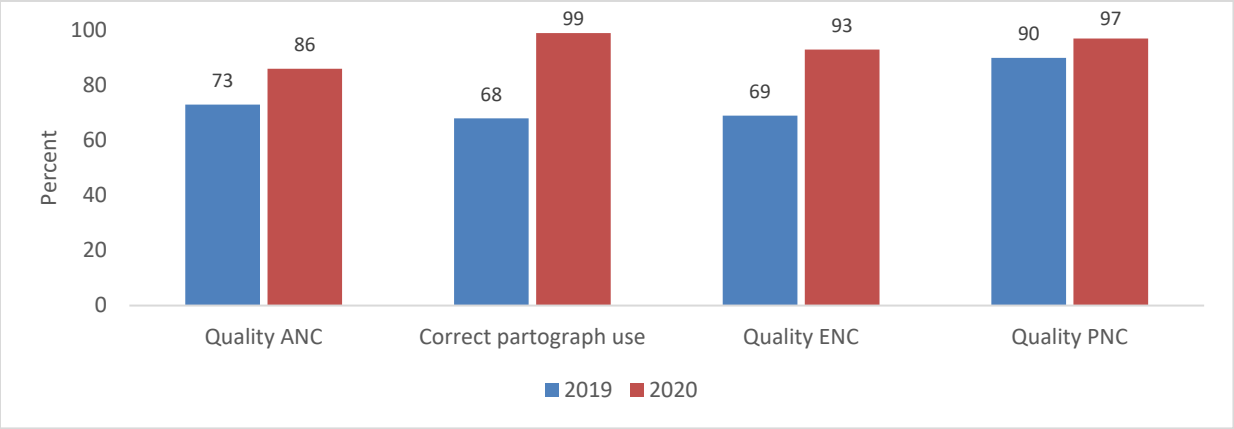


Figure 13 reveals that the QI teams have increased their capability by reaching 86% (median) of pregnant mothers, up from 73% (median) in 2019 for pregnant mothers who came to their health centers (satellite sessions are excluded as per operational definition) for antenatal care during the reporting year. Countrywide lockdown during the COVID-19 pandemic severely hampered the activity, which pulled down the performance from April to -June 2020 (seen by the special variation). From July 2020, the QI teams started to return to their normal trends.

Figure 13: Trends in quality ANC in district learning network, Manikganj

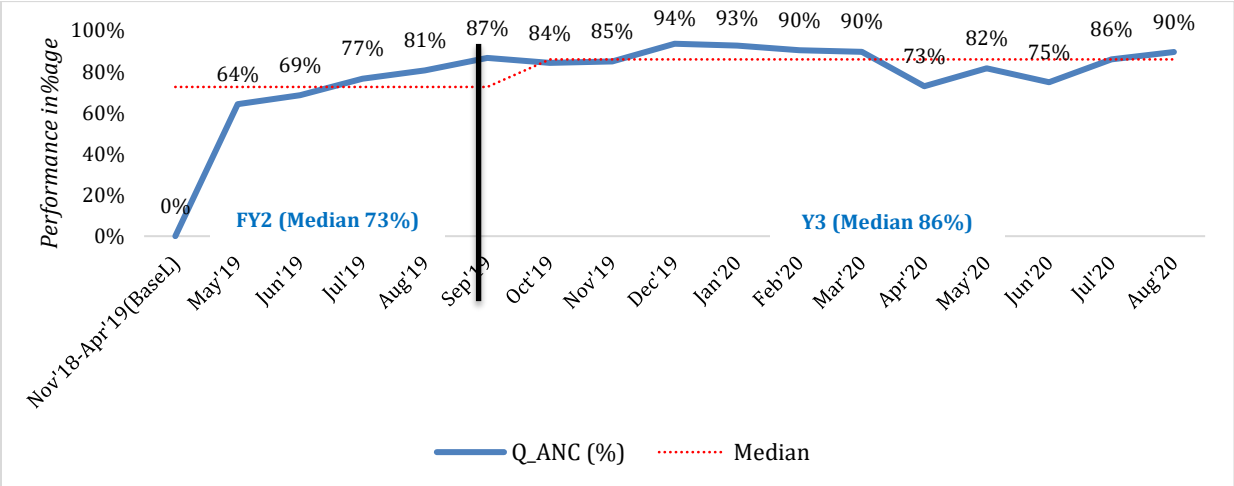


Figure 14 shows that the QI teams have increased their capability by reaching 99% (median) of delivery mothers with correct partograph use, up from 68% (median) in 2019, among the mothers

who came to their health centers for labor and delivery care during the reporting year. During the COVID-19 pandemic, the QI teams continued their efforts and the trends remained high (100%). The UHCs of Harirampur, Ghior and Singair upazilas joined the QI project in July 2020 and as they are in their primary stage, the data showed a downward trend. The concerned teams are fully aware of it and have set their efforts to make the upward shift over time.

Figure 14: Trends in correct partograph use in district learning network, Manikganj

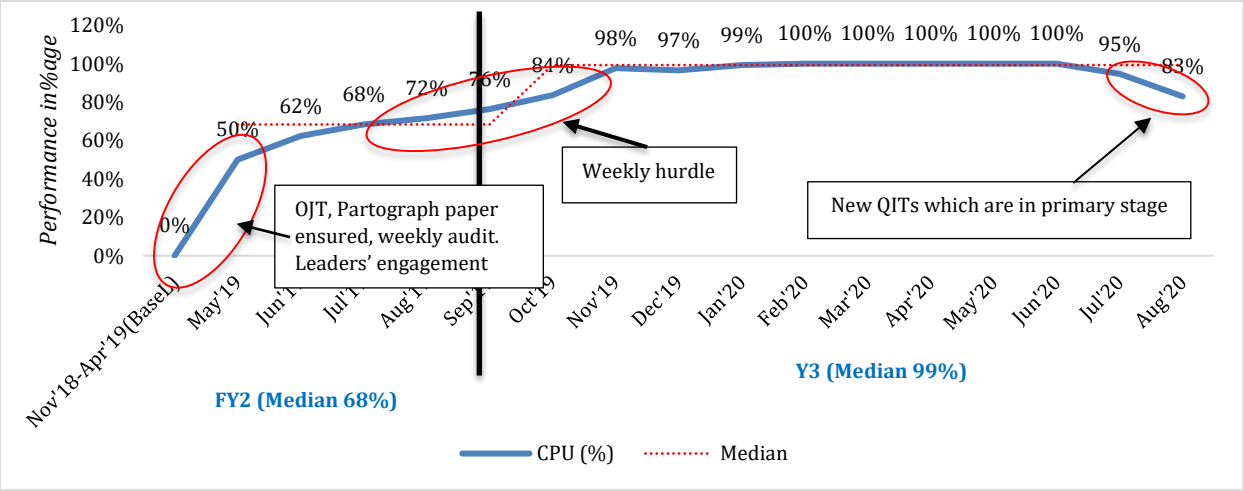


Figure 15 reveals that the QI teams have increased their capability by reaching 93% of (median) newborns, up from 69% (median) in 2019, among the live births at their facilities during the reporting year. During the COVID-19 pandemic, the QI teams continued their efforts and the trends showed a static condition with some random variation.

Figure 15: Trends in quality ENC in district learning network, Manikganj

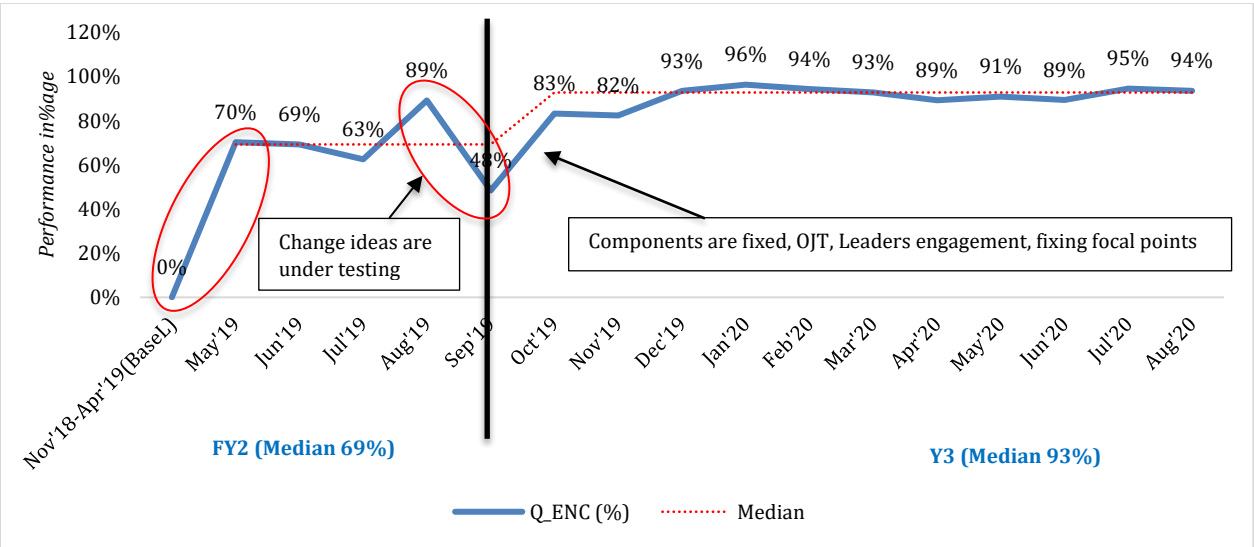
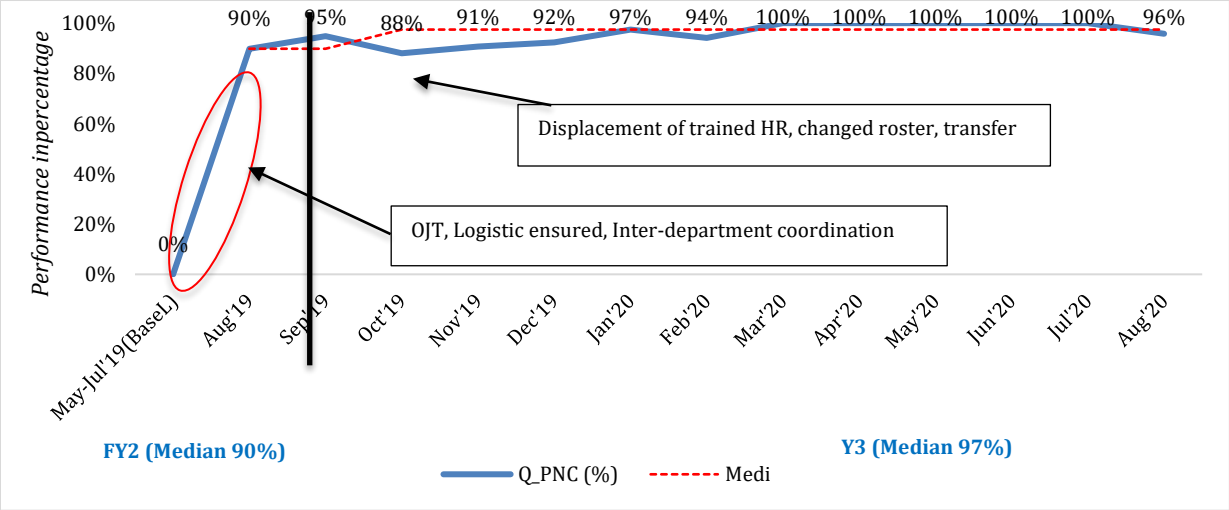


Figure 16 shows that quality PNC achieved a median monthly performance of 97% in 2020, up from 90% in 2019. Overall, delivery of quality PNC has remained high (close to 100%) over the past six months.

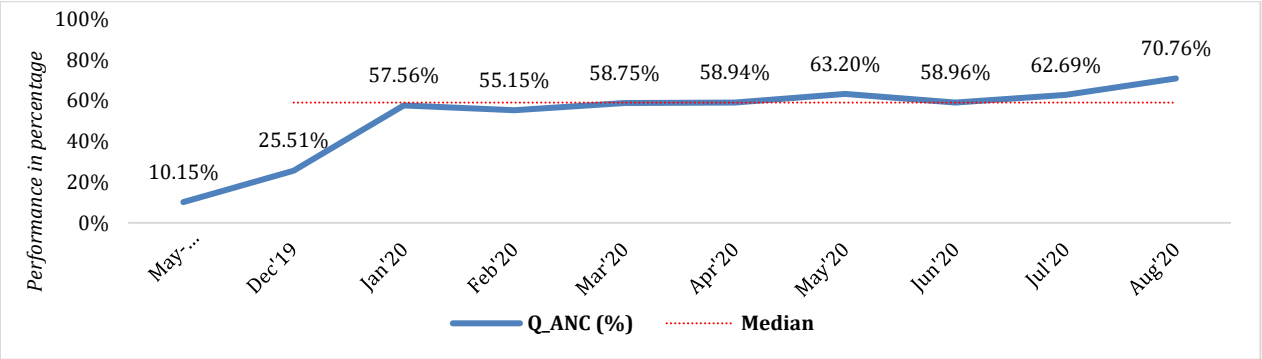
Figure 16: Trends in quality PNC in district learning network, Manikganj



Scale up of quality improvement activities in Madaripur district

Madaripur has been the first MNH-QI scale up district among MaMoni's working districts. Nine health facilities (1 DH, 1 MCWC, 3 UHCs and 4 UH&FWCs) have been working with 21 MNH-QI aims in quality ANC, CPU, ENC and quality PNC bundles. A total of 59 frontline health workers received coaching on different MNH-QI bundles. During the reporting period, nine health facilities' data have been coming in from ANC QI projects. *Figure 17* shows the gradually increasing trend in quality ANC at the facilities working with the quality ANC bundle.

Figure 17: Trends in quality ANC in district learning network, Madaripur



The figure above shows that the QI teams have increased their capability by reaching 58% (median) of pregnant mothers, up from 10% (median) in 2019, among the pregnant mothers who came to the health facilities for ANC in Y3. At the beginning (December 2019 to January 2020) there is an astronomical rise of data due to holistic interventions (e.g., coaching through ISIA, OJT, intense coaching visits, leaders' engagement). However, the pandemic severely hampered this activity, which pulled down the performance in June 2020. Leaders came forward and led efforts to uphold the trends for the greater benefit of pregnant mothers. MNH Guidelines for integrated MNH-COVID services were released by the MOH&FW. From July 2020 forward, the QI teams started to return to their normal trends.

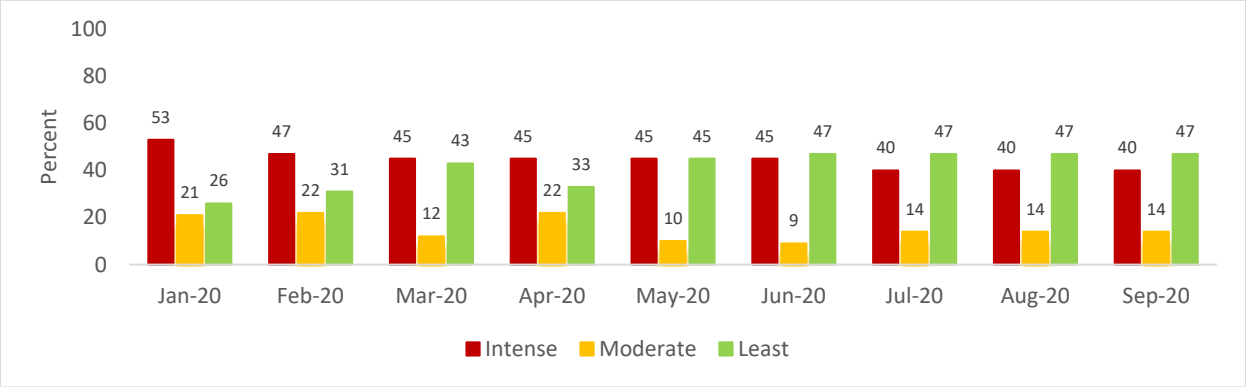
Operational definition of quality improvement bundles is given in Annex J.

QI projects technical support modality

MaMoni continued operational support to facilities under the district learning network with the district implementation team through extensive on-site visits, which slowed down, and eventually stopped, due to the government-imposed countrywide lockdown. To continue supporting MNH-QI initiatives in the districts, the project conducted "coaching calls" in order to stay in touch with the facility QI teams to mitigate challenges and meet their needs during the pandemic. Through these coaching calls, the project staff not only provided technical assistance for MNH-QI initiatives, but also provided information to service providers at facilities on self-precautions with PPE, as well as on infection prevention measures to prevent the spread of coronavirus per national protocol. In Y3, the project teams conducted 103 onsite visits against 162 planned in Manikganj and 99 onsite visits against 172 planned in Madaripur. On average 30 facilities in Manikganj and all nine facilities under the learning network in Madaripur district were covered in each month through coaching calls during the lockdown period.

The project categorized the QI teams at the facilities into three groups (Intense- Red, Moderate- Yellow and Least- Green) based on the intensity of support needed, applying six criteria[8] of the respective QI team. The QI coaching was planned and executed as per the intensity of support the QI teams needed. *Figure 18* shows that the intensity of support needs gradually declined over time. This is primarily attributed to maturity of the QI project, as the team received training followed by regular onsite coaching and coaching calls, which contributed to the service providers' knowledge improvement, as well as their increased engagement and motivation.

Figure 18: Percentage of QI teams needing support by QI coaches/district team, Manikganj



Scale up of quality improvement activities in other MaMoni MNCSP districts

Six health facilities (three UHC and three UH&FWC) had been connected to demonstrate MNH-QI initiatives in Brahmanbaria. A two-day training on QI basics and MNH-QI bundles was given to 78 service providers working at these facilities. The UH&FWCs took quality ANC and the UHCs took CPU as their QI projects.

[8] Knowledge on QI model, knowledge on subject matter, engagement, QI project in primitive stage, QI project in mature stage, and motivation.

Six facilities (1 DH, 1 MCWC, 1 UHC and 3 UH&FWC) have been connected to demonstrate MNH-QI initiatives in Chandpur district. Baseline data collection for MNH-QI scale up activities have been completed. A two-day training on QI basics and MNH-QI bundles was provided to 56 service providers working at these facilities. MCWC and three UH&FWCs have taken quality ANC. The DH and one UHC have taken CPU as their QI projects.

The project conducted an inception meeting on MNH-QI with the district and upazila level managers from nine selected upazilas in Faridpur district. The plan is to include eight selected facilities under four upazilas in the initial phase and facilities from five other upazilas will be onboarded gradually.

The project conducted an inception meeting on MNH-QI with the district and upazila level managers from four selected upazilas in Feni district. Eight facilities, including one private facility, from four upazilas have been selected in the initial phase and facilities from other upazilas will be onboarded gradually.

Sub IR 2.3: Strengthened learning systems for monitoring and measurement of MNC QoC

Improved measurement in improving QoC

Similar to how any QI team bases its continued implementation of changes on evidence-based best practices to result in improvement, the collaboration bases its original implementation package/bundles on evidence-based best practices. Therefore, measurement is an essential component. A robust measurement system involves the following:

- A set of key indicators that reflect progress towards improvement objectives that individual teams and the collaborative as a whole use to judge their progress;
- Systems for collecting and compiling data on indicators and on changes or improved practices implemented at the individual team level and for the collaborative as a whole; and
- A set mechanism for validation, analysis, and interpretation of pulled data, both at the QI team level and aggregated at the collaborative level.

Indicators include measures of process (e.g., compliance with standards related to QoC, QI team functioning), outcomes/impacts (e.g., effects on case fatality rates), and, inputs (e.g., availability of key supplies or equipment). Teams document the improvements implemented and regularly (often, monthly) measure their indicators to determine how their improvements are contributing to achieving the improvement objective(s). Data on common and individual team indicators are collected and compiled by teams themselves (i.e., self-monitoring) with the help of MaMoni. In Y3, five clinical bundles (three under vaginal delivery bundle, one on newborn resuscitation and one on young infant child management at outpatient department) were developed with a set of indicators that could be used at any tier of health facilities. Data for these indicators has been generated from existing systems and not a separate data collection entity.

To best understand the family of measures of MNH-QI indicators, MaMoni has been facilitating capacity building of district and upazila level statisticians and service providers who are acquainted with report generation. During quarter four of Y3, MaMoni provided training in Madaripur on the measurement parts of the MNH-QI bundles to 15 statisticians from DGHS & Assistant Upazila Family Planning Officer from DGFP (male 12, female 3).

IR 3: Sustained improvement in access to and demand for MNC services and household practices

Sub IR 3.1: Improved engagement of existing community structures for MNC practices

LGIs have a large and growing role in strengthening healthcare at the local level. LGIs could organize in different ways to provide support in promoting public health services, especially those directed at vulnerable and underserved populations. Under the LGIs acts, respective LGIs have a range of responsibilities to strengthen quality health services through local planning, engaging, budgeting and overseeing. The project initiated to mobilize LGIs through local level advocacy, sensitization, orientation and interpersonal communications.

In Y3, the project organized orientations workshop for five Zila Parishads in five districts. The objective of the orientation workshop was to sensitize Zila Parishads in engaging and providing support to strengthen MNH services. Zila Parishad bodies, including the Chairman and relevant Government officials, participated in the orientation. The outcomes of these workshops were:

- Five Zila Parishads initially agreed to provide budgetary support to strengthen MNH services. They also agreed to pay special attention to starting MNH services in the underserved areas.
- They decided to keep MNH issues as an agenda in their monthly meeting.
- Zila Parishad representatives agreed to follow up and monitor existing health service delivery under their jurisdiction regularly.
- Necessary support for HR and facility readiness would be a consideration to manage MNH service gaps.

LGIs played a significant role for improving the MNC service delivery in their jurisdictions. District Administration played a guiding role instructing the LGIs to strengthen their engagement. The project organized a sharing meeting with district administration on LGIs' engagement. The objective of the event was to acknowledge District Administration for their support that was initiated through the district advocacy meeting. In the meeting, the project shared the progress of LGIs' engagement and their contributions. The project organized three progress sharing meetings at Madaripur, Noakhali and Habiganj districts in Y3. Deputy Commissioners (DCs) assured they would provide administrative support where required and provided the following instructions/commitments:

- To work in underserved areas and DDFP to take necessary initiatives in this regard
- DDLG to provide instruction to the UPs for allocating budget for strengthening MNH services
- District Facilitator of LGSP project to sanction MNH related budget through UP
- DC will instruct respective UNOs to instruct UPs for strengthening MNH services
- DC, Noakhali also requested MaMoni to continue support in hard-to-reach areas
- DC, Madaripur suggested to prepare a list of the facilities that need support from the District Administration.
- DC, Madaripur emphasized digitalized data of pregnancy identification and record keeping,

- Initiatives to regularize UH&FWC MC meetings and make all members aware of their roles and responsibilities to strengthen service delivery from the facility.

The project continued its facilitation to earmark budget for MNH in UP annual budgets and for maximum utilization. *Table 11* shows that 90% of UPs allocated budget to strengthen MNH services in their constituencies for the fiscal year July 2020-June 2021. UPs in 10 project districts allocated more than BDT 11.5 crore. Although the UPs allocated a good amount of budget, the utilization of this amount is poor. The UPs utilized only 20% of their allocated amount in FY Jul 2019-Jun 2020, and only 9% as of September 2020 for FY Jul 2020-Jun 2021. LGI budgets were mainly used for renovation, maintenance and utility services of the facilities. Funds were also utilized for purchasing furniture, logistics, COVID-19-related activities, construction of approach roads to facilities, purchasing equipment and medicine, and recruiting part-time employees.

Table 11: Local government budget allocation and utilization in MaMoni MNCSP districts

District	# of Union Parishad	# and % of Union Parishad allocated budget for the period:		Total budget allocated (BDT) for the period:		Total budget utilized (BDT) for the period:		% of budget utilized for the period:	
		Jul 2019-Jun 2020	Jul 2020-Jun 2021	Jul 2019-Jun 2020	Jul 2020-Jun 2021	Jul 2019-Jun 2020	Jul 2020-Jun 2021	Jul 2019-Jun 2020	Jul 2020-Jun 2021
Brahmanbaria	42	36 (86%)	38 (90%)	21,772,649	22,303,899	73,000	1,780,270	0.3	8.0
Chandpur	27	22 (81%)	26 (96%)	7,744,532	6,661,447	3,294,867	0	42.5	0.0
Faridpur	24	24 (100%)	21 (88%)	9,805,000	1,975,000	1,052,600	207,000	10.7	10.5
Feni	17	17 (100%)	17 (100%)	3,744,500	3,150,000	1,560,490	820,304	41.7	26.0
Habiganj	78	75 (96%)	78 (100%)	10,828,646	10,866,976	3,633,963	1,216,567	33.6	11.2
Kushtia	30	30 (100%)	26 (87%)	8,488,500	5,117,500	396,800	91,100	4.7	1.8
Lakshmipur	58	58 (100%)	58 (100%)	17,472,000	19,565,000	6,505,193	590,000	37.2	3.0
Madaripur	45	43 (96%)	44 (98%)	18,419,180	10,147,500	6,882,200	37,440	37.4	0.4
Manikganj	65	31 (48%)	33 (51%)	8,737,015	11,800,000	108,000	3,353,000	1.2	28.4
Noakhali	91	84 (92%)	87 (96%)	27,415,500	23,438,400	1,952,000	1,854,500	7.1	7.9
Total	477	420 (88%)	428 (90%)	134,427,522	115,025,722	25,459,113	9,950,181	18.9	8.7

Source: Project MIS report

Engaging LGIs for increased support during the COVID-19 pandemic

During the COVID-19 pandemic LGIs continued their support to restore the MNH services. LGIs also took part in community awareness activities and distributed relief. To continue the MNH services, LGIs took the following initiatives:

- Installed/arranged handwashing stations in health facilities
- Provided PPE for FWV and SSN of the UHCs. Provided infection prevention logistics, hand sanitizer and liquid soap.
- Provided transport support for emergency cases.
- Provided gift boxes to encourage pregnant women and families for institutional delivery during this critical situation and to visit the facility frequently
- Communicated with service providers by phone and supported to maintain social distance

- Distributed relief among pregnant women and milk powder for children
- They also made communities aware of precautions against COVID-19 and availability of MNH services at facility level

Activation of UH&FWC Management Committees

The major responsibility of the UH&FWC Management Committee is to ensure safety and security of the facility and to ensure provision and utilization of the medicine, equipment and logistics. The committee is responsible for ensuring quality services by an adequate number of providers and thus access and utilization of services by all pregnant women and under-five children. The committee is also responsible for monitoring of services provided from the facility and for local level problem solving. This committee conducts bi-monthly meetings at their respective unions. A total of 808 UH&FWC MCs conducted bi-monthly meetings in Y3, which was 39% of their targets for Y3. The highest performance was in Madaripur (79%), followed by Chandpur (61%), and lowest was in Brahmanbaria (19%), followed by Kushtia (22%). Overall, conducting these bi-monthly meetings increased from 22% in 2019 to 39% in 2020, though the COVID-19 situation restricted organization of meetings.

Activation of Union Education, Health and Family Planning Standing Committees

A Union Education, Health and Family Planning Standing Committee (UEHFPC) is a seven-member committee chaired by any member of the UP. The major responsibility of the committee is to review relevant activities with the UP and to ensure better service delivery for the people through coordinating with concerned service providers. The committee is also responsible for planning and implementing service delivery as per the demand of the population and to conduct bi-monthly meetings at their respective unions. In Y3, 1,093 UEHFPCs conducted their scheduled bi-monthly meetings. The performance of Noakhali was highest (78%), and Brahmanbaria was the lowest (10%). Overall, conducting these bi-monthly meetings increased from 26% in 2019 to 47% in 2020, though the COVID-19 situation restricted organization of meetings.

Sub IR 3.2: Increased community MNC awareness and trust for public sector MNC services

Production of communication materials

To promote a better understanding of the project and its impact, MaMoni MNCSP reproduced existing materials and where appropriate, designed and produced several new information, education and communication (IEC) and SBCC materials for both service providers and recipients covering community awareness. Major productions were:

- A high-quality printed set of 12 government-approved SBCC materials relevant to MNH care services were rebranded and put up in all facilities in the 10 project districts as part of facility readiness, mass awareness and project visibility.
- eLearning Modules content: the project supported in editing and formatting the eLearning module content based on the national guideline on MNH services during COVID-19 (Bangla); and developed animated videos (with music and voiceovers) and uploaded onto the eLearning module (http://elearning.dgfp.gov.bd/) platform.
- 38 stories on project interventions, on ongoing MNH services during COVID-19, and on national/international days were published through quarterly newsletters, quarterly reports,

symposium/event materials, USAID's platforms, MaMoni's Facebook page and website, the Healthy Newborn Network website, SCI Content Hub and Workplace.

- The project developed awareness posts on COVID-19 infection prevention and control for the Facebook page and website.
- The project produced four videos in Y3, starting off with a video on preterm birth-related awareness and prevention in observance of the World Prematurity Day. The video covered topics such as what World Prematurity Day is, who are preterm babies, what families need to be aware of, what services are available to newborn babies in Bangladesh and some facts on healthy and normal babies. Another video was developed on mHealth initiatives. The video includes what the mHealth initiative is, what MaMoni's role is, interviews of healthcare service providers and beneficiaries, and the foreseeable future impact of the initiative. The project also developed a video for QIS on the usage of the safe surgery checklist, along with a video interview of a government health official for launching the eLearning modules.
- The project developed two billboard designs on facility-based delivery and midwifery service promotion.

A detailed list of communication materials produced in Y3 is given in Annex K.

Social media usage to increase mass awareness on MNH issues as a web-based platform

Social media took the stronghold the past year as the pandemic gave rise to implementing communication activities digitally. Among all the social media platforms presently used in Bangladesh, Facebook has the highest penetration in the masses, hence the ongoing use of the MaMoni MNCSP Facebook page, in order to reach both local communities and urban populations alike. The aim of the page is to create awareness on project activities and enhance knowledge on basic maternal and neonatal care stages and preventive measures.

At the end of 2019, the Facebook page had gathered 7,422 followers, 7,377 page likes, and the highest reach made by a post stood at 50,000. At the end of the last quarter of Y3, the Facebook page has gathered 21,748 followers, 21,508 page likes and the highest reach made by a post (mHealth video) stands at 158,115 people with over 44,700 views. The project also hosted a Facebook Live Q&A Session on "Experiencing Motherhood During COVID-19" for Safe Motherhood Day and it had over 18,800 views and reached over 60,000 people. These results show that the Facebook page has been steadily and successfully growing in popularity and reach.

Sub IR 3.3: Improved coordination between existing community cadres and public sector

Facilitated referral model for patient transport

In Bangladesh, transportation during Emergency Obstetric and Newborn Care (EmONC) has been identified as one of the limiting factors, especially in remote areas and marginalized communities. Under this activity, Dnet is working on designing, developing and piloting ICT-enabled prototypes for emergency transport services for patients seeking maternal and neonatal health care services. This will also look into the possibilities of methods of communication and early notification to the referred health facilities to reduce delays in patient handover processes.

Dnet has developed a set of paper prototype models. An initial solution model has been developed based on the internal brainstorming and paper prototype models. To move towards

the final solution of a facilitated transport referral system through simulation of multiple prototypes of a transport referral system, a set of indicators had been set for data collection to test the paper prototype model in Daulatpur upazila of Manikganj district. The sensitization meetings and field set up were also planned in the last week of March 2020. Due to the COVID-19 outbreak, data collection and sensitization for the prototype testing has been delayed. As country is settling into its new normal, the team started conducting field visits with appropriate measures to collect the necessary data. Based on the feedback on the concept design of the facilitated transport referral system by USAID, Dnet as the technological partner of MaMoni-MNCSP has developed a concept note incorporating solutions for urban settings to implement facilitated transport referral system. Development of the web-based data visualization dashboard for facilitated transport referral system has been ongoing.

Rollout community group-based community microplanning meeting

The community group (CG)-based community microplanning (cMP) meeting is an approach where community support group (CSG) representatives, MHV/CV, and NGO representatives participate in the CG meeting and share MNH/FP-related data collected from their community. The output of the cMP approach is identification of ELCO, pregnant women, births, maternal death and newborn death. In the monthly CG meeting of the Community Clinic, frontline MOH&FW workers (CHCP, HA, FWA) sit together and share MNH/FP information, update registers and prepare monthly action plans for service delivery. This process helps to identify gaps, planning, service coverage, unified reporting and thereby, system strengthening. After orientation, CG/CSG members and CHCPs became motivated to conduct CG meetings. CG/CSG members collected information from their communities and shared in the CG meeting. CG-based cMP meeting has been rolled out in all the community clinics (CC) of 58 unions at the beginning of Y3. The meeting was postponed due to the COVID-19 pandemic and resumed in most of the unions during July and August 2020.

Sub IR 3.4: Access barriers reduced

Private community skilled birth attendant training

MaMoni MNCSP supported the MOH&FW to achieve Health and Population Sector Program indicators, including increasing delivery by the skilled birth attendant in 10 districts. Among the MaMoni districts, some of the upazilas are underserved in the public facilities, and GOB-supported community skilled birth attendants (CSBAs) are not enough to provide normal delivery services. Considering these circumstances, MaMoni MNCSP has taken the initiative to train one batch of twenty women from the seven MaMoni districts to develop private community-based skilled birth attendants (pCSBAs). With technical support from the Obstetrical and Gynecological Society of Bangladesh (OGSB), pCSBA training has been provided following the GOB-endorsed CSBA curriculum. The final exam has not yet been conducted by the Bangladesh Nursing and Midwifery Council (BNMC) because of the COVID situation. Depending on the COVID-19 situation, and after receiving the directives from DGHS and BNMC, OGSB will inform the participants to appear for the final examination. Once the final exam is completed, MaMoni will

introduce the pCSBAs, engage them, monitor their performances, identify if there are any obstacles, and provide mentoring so that they will remain as skilled birth attendants in that community.

Delivering alternative service delivery approaches in underserved areas

MaMoni MNCSP defines a union as underserved when the nearest UH&FWC with normal delivery service is five kilometers or more away or more than one hour travel time using local means of transportation. A union is also defined as underserved even if it provides normal delivery but does not provide the full minimum package of MNH services. Using secondary data and information from various stakeholders, the project assessed 448 unions in all 10 districts and identified 94 unions as underserved. Thirty unions, including tea gardens, out of the identified 94 underserved unions were selected to initiate interventions in Y3.

The project engaged stakeholders to develop action plans for facility preparedness and generate local resources for alternate service delivery in underserved unions. The stakeholders forum was also used to support community mobilization to create demand for MNH services. In this year, the project facilitated DGFP authorities to organize multi-stakeholder meetings in the 30 prioritized unions, but could initiate work only in 19 underserved unions, where they developed action plans to initiate MNH service delivery.

The project also prepared a comprehensive and evidence-based report for district implementation teams with key findings and recommendations for planning and priority setting for the next course of actions. Ten underserved unions started alternate MNH services without normal delivery and seven unions started normal delivery services in addition to MNH services. Nilkamal union in Chandpur, Bachamora union in Manikganj, and Charharirampur union in Faridpur are very hard-to-reach, detached from the mainland by a wide river. The rest of the unions are hard-to-reach due to difficult road communication and transportation system. Among the 10 unions, Nilkamal started service delivery during January; Charharirampur started during June, and the rest of the unions started during August and September in 2020.

Table 12 shows selected service data of these 10 underserved unions where the project engaged LGIs, DGHS and DGFP managers and providers to provide MNH services. The service initiated at different times in Y3 at these facilities. In total 1,020 women received ANC1; 113 women received misoprostol tablets, and 111 women delivered in facilities in those unions.

Table 12: Number of women reached in underserved/hard-to-reach areas during Y3

District	# of underserved union	# of women who received ANC 1	# of women who received Misoprostol	# of women who delivered in facility
Brahmanbaria	2	217	21	11
Chandpur	1	186	13	9
Faridpur	1	93	10	2
Lakshmipur	1	20	0	0
Madaripur	1	20	4	0
Manikganj	2	116	29	63
Noakhali	2	368	36	26
Total	10	1,020	113	111

Source: Project MIS report

IR 4: Improved national capacity to deliver quality MNC services at scale

Sub IR 4.1: Strengthened national health systems support for quality MNC services at scale

Support to Program Management and Monitoring Unit (PMMU), Planning Wing (PW), MOH&FW

The MOH&FW has been implementing the 4th Health, Population and Nutrition Sector Program (4th HPNSP) from January 2017 through to June 2022. The 4th HPNSP is the first, foundational program of the MOH&FW toward achieving the health-related Sustainable Development Goals (SDGs) by 2030. MaMoni MNCSP is providing logistics and management support to the Planning Wing (PW) of MOH&FW to coordinate and support implementation of the HPNSP. A new Letter of Collaboration (LoC) was signed between the Planning Wing, MOH&FW and MaMoni MNCSP effective from January 1, 2020 to April 30, 2020. The LoC was extended up to September 30, 2020 with some necessary amendment based on the request from Health Service Division and Medical Education and Family Welfare Division of MOH&FW. Preparatory work is going on for a new LoC with PMMU, MOH&FW for the period of October 2020 to September 2021. The following are the highlights of the project's support to PMMU during the reporting period:

Logistics and operational management support

The project provided regular operational and management support to the PMMU related to the sector plan program, including regular internet, stationery and other relevant office and logistics supplies to meet its day-to-day activities and functions. The project also provided necessary support to organize different OP related meetings/workshops/seminars to review and monitor the progress of the sector program. It also supported organizing steering committee meetings, annual program review meetings, development partners meetings and stakeholders workshops.

Technical Support

MaMoni MNCSP provided necessary technical support to MOH&FW to address Governance and Stewardship and Human Resources for Health (HRH) issues. The project provided a consultant in the field of HRH. The overall objective of this assignment was to provide technical assistance to MOH&FW to develop a comprehensive approach for addressing the HRH challenges in different levels of facilities. Based on that, the consultant proposed to build on the priorities identified in the 2015 Health Workforce Strategy, HR Action Plan, HRH interventions recommended in the 4th HPNSP and the recommendations from the first Annual Program Review. He also supported MOH&FW to develop a roadmap for the HWF and action plan grounded in the current data and evidence, as advised by MOH&FW. Several consultation meetings were held with the Secretary, MOH&FW and other relevant stakeholders to develop the road map and action plan. The report has been submitted to MOH&FW.

Mid-term review of the 4th HNPSP

The MOH&FW has planned a mid-term review (MTR) of the 4th HNPSP from mid-February 2020 to the end of March 2020, by an independent review team (IRT) consisting of experts to lead various thematic areas under the guidance of a team leader. Various development partners, including USAID, supported the hiring of consultants to serve as team members in the review process. Based on USAID's advice, MaMoni MNCSP recruited a consultant to lead the review of

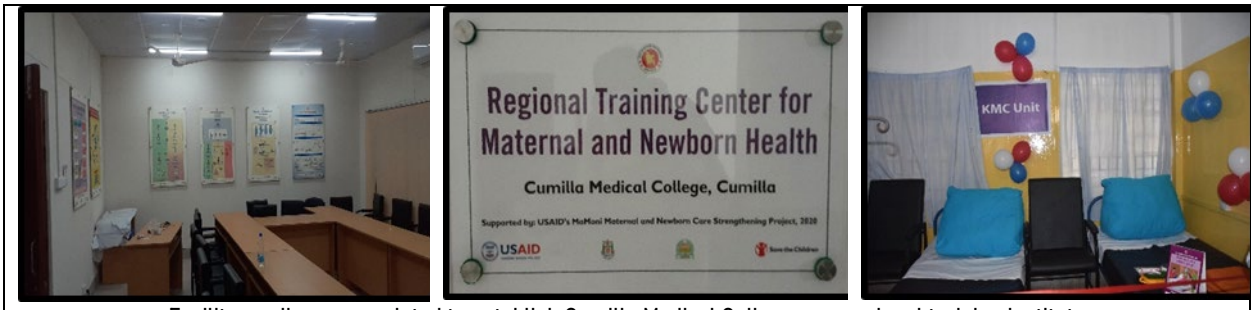
the thematic area of human resources development. The IRT completed the MTR and the draft of the review report has been shared with MOH&FW and development partners.

Support to MOH&FW's MNH Monitoring Cell

With MaMoni MNCSP technical support, DGFP established a "national MCH monitoring cell" engaging different stakeholders at the Maternal Child Reproductive and Adolescent Health (MCRAH) unit of DGFP to develop and implement a monitoring framework for MNC services at DGFP facilities. The members of the monitoring cell visited 17 MCWCs and 55 UH&FWCs to monitor the readiness and quality of MNH services in this reporting year using a structured monitoring checklist. The members also support local managers and staff to maintain clinical standards for MNH services at MCWCs and upgraded UH&FWCs; supervise adherence to the clinical standards; and provide on-the-job training to improve quality of MNH interventions. The team provided feedback to respective monitored facility as well as shared results at the regular performance review meetings of the monitoring cell. The monitoring cell's review meeting has been postponed for last few months due to the COVID-19 pandemic.

Establishing Cumilla and Faridpur Medical Colleges as regional training institutes

USAID's MaMoni supported to establish the regional training center at Cumilla Medical College by a joint collaboration among NNHP, BSMMU and Cumilla Medical College, as part of national health systems support, which ultimately will strengthen national capacity to deliver quality MNH services at scale. The project, in collaboration with NNHP & IMCI, supported institutional capacity building for offering high-quality competency-based training and also provided technical support to the NNHP & IMCI program to establish a KMC service unit at Cumilla Medical College hospital through BSMMU. MaMoni supported service readiness by providing training to six doctors and 13 nurses on KMC and two doctors on the NNHP implementation toolkit. The project also supported the readiness of the training venue and handed over to authorities on September 29, 2020. Decentralization of the training institutions will reduce the additional pressure of conducting training from the national institutions. This training institution will be used by different government programs and stakeholders to provide MNH training. A similar process will establish Faridpur Medical College as a regional training center in Y4.



Facility readiness completed to establish Cumilla Medical College as a regional training institute

Institutionalization of NNHP Monitoring Checklist

In Y3, the project facilitated the development of the NNHP monitoring checklist, where newly developed newborn signal functions were also incorporated. The newborn signal functions were identified at the national level in collaboration with newborn stakeholders, including MaMoni,

where icddr,b was the lead agency. MaMoni facilitated NNHP to institutionalize this checklist through a government order, orient the health managers, and use the checklist in the field. MaMoni is collaborating with both DGHS and DGFP for developing an online version of the NNHP monitoring checklist, which will be scaled countrywide as a part of a comprehensive NNHP monitoring framework.

EOC training for DGFP doctors

The MCWC is the district level center for DGFP to provide CEmONC services for mother and newborn. The presence of an obstetrician and anesthetist pair is essential to ensure emergency management in MCWCs. To ensure the presence of an obstetrician-anesthesiologist pair in MCWCs of MaMoni districts, MaMoni MNCSP has provided support to a year-long training on Emergency Obstetric Care (EOC) for 10 doctors from DGFP at Shaheed Suhrawardy Medical College Hospital. Eight received training on routine and emergency obstetric care management and the other two on anesthesia. The training was completed on June 30, 2020. To ensure the posting of the trained doctors, the project found out the vacant positions of Ob/GYNs and anesthetists in the MCWCs in 10 MaMoni districts and shared the list with LD-MCRAH of DGFP to fill the positions. Out of 10 districts, all MCWCs have pairs of Ob/GYNs and anesthetists after posting EOC trained doctors, except in Kushtia, where an Ob/GYN is available but not the anesthetist. Ob/GYNs were posted in Kushtia, Habiganj, Manikganj and Lakshmipur district, but no anesthetist was posted. MaMoni communicated with LD, MCRAH and requested to provide posting of an anesthetist and LD is trying to do so.

EOC doctor examining pregnant mother

Support to MOH&FW to finalize maternal health action plan

In collaboration with UNICEF, UNFPA, WHO, OGSB, and other maternal health stakeholders, MaMoni MNCSP provided technical assistance to the government for the development of the Maternal Health Action Plan 2020 to 2030. Through a series of consultations, the Maternal Health Action Plan has been finalized and is waiting to be approved by the MOH&FW. The government had the opportunity to incorporate many of the activities of the Maternal Health Action Plan into the midterm revision of the MNCAH and MCRAH operation plans in August. MaMoni MNCSP also planned to implement many of the activities in the action plan, especially emergency management of maternal health complications and initial stabilization of complicated cases before referral.

First draft of National Newborn Health Strategy shared

MaMoni MNCSP is collaborating with all relevant stakeholders to update the National Newborn Health Strategy 2009 under the leadership of the NNHP & IMCI program. The first draft was developed after a series of consultation meetings among the stakeholders and it was decided to hire a consultant by UNICEF for finalizing the strategy. Finalization of the National Newborn Health Strategy is delayed due to the COVID-19 pandemic.

Technical assistance provided for midterm revision of NNHP and IMCI activities in MNCAH and MCRAH operational plans of MOH&FW

MaMoni MNCSP has been providing technical assistance to DGHS and DGFP for quality implementation of newborn interventions across the country. As part of that assistance, MaMoni also assisted in Maternal, Neonatal, Child and Adolescent Health (MNCAH) and Maternal Child Reproductive and Adolescent Health (MCRAH) operational plans for midterm revision of their newborn activities. In the current revision, MaMoni facilitated to include performance monitoring activities at district and divisional level in NNHP plans, to incorporate procurement of antibiotics and equipment for sepsis management, and to include capacity building of the service providers on the revised IMCI protocol.

Supported development of "National Guideline for providing essential Maternal, Newborn and Child Health Services in the context of COVID-19 for Bangladesh"

MaMoni MNCSP supported MOH&FW in developing the "National Guideline for Providing Essential Maternal, Newborn and Child Health Services in the Context of COVID-19 for Bangladesh" in collaboration with UNICEF, WHO, UNFPA, and icddr,b. The project facilitated the adaptation of global guidelines in the country context in consultation with professional bodies. MaMoni also supported translating and designing the guideline in Bangla and preparing the training materials and countrywide orientation of the health managers and service providers through an online training platform for the continuation of the MNH services in the COVID-19 situation.

Development of e-training module for DGFP on "National Guideline for providing essential MNCH services in context of COVID-19"

In collaboration with the MCH Services unit and MIS unit of DGFP, MaMoni MNCSP supported the development of e-training modules on the "National Guideline for Providing Essential Maternal, Newborn, and Child Health Services in the Context of COVID-19 for Bangladesh" for service providers. DGFP's eMIS platform was used for this e-training module. Ten modules on ANC, delivery, ENC, breastfeeding, PNC, SCANU, IMCI, and family planning services were incorporated in this e-training platform to provide a guideline for ensuring uninterrupted services during the COVID-19 pandemic. This e-training course was rolled-out in 10 MaMoni MNCSP districts in September 2020, through a virtual kick-off event followed by a short online orientation for the managers and service providers. Shahan Ara Banu, Director General of Family Planning, graced the event as chief guest and inaugurated the roll-out of the e-training modules. MaMoni provided technical assistance to this virtual roll-out and online orientation event.

Support national efforts to strengthen UH&FWCs to provide 24/7 MNC care

MaMoni demonstrated a model of 24/7 normal delivery services from union level facilities. The project has been providing technical support to DGFP to replicate that model of change through the GOB system beyond MaMoni districts. Accordingly, MaMoni MNCSP supports DGFP's action plan for readiness of UH&FWCs for 24/7 services, quality service delivery and monitoring of progress of implementation.

The district and upazila managers of Mostofapur UH&FWC of Dinajpur, Bakshimul UH&FWC of Cumilla, and Saroatali UH&FWC of Chattogram made their facility ready by engaging local government and community participation following the learning visit in MaMoni MNCSP districts in Y2, which build oversight of the managers and the local leaders contributing to the functioning of UH&FWC round the clock delivery services with quality.

Adaptation of UH&FWC SOP for the union level service providers

MaMoni MNCSP is supporting MOH&FW for achieving the targets of the Health and Population Sector Program. Delivering quality MNH services as per national standards is the key to reduce maternal and newborn mortality. MaMoni supported DGFP to extract the maternal health standards for UH&FWCs from the maternal health SOPs and to translate that for the convenience of the service providers. A training package was also developed for union level providers based on the UH&FWC SOP.

Health events and conferences

Dissemination of maternal health strategy and SOP

The DGHS organized the dissemination of the Bangladesh National Strategy for Maternal Health with Standard Operating Procedures and EmONC Award Giving Ceremony on November 4, 2019, at the Pan Pacific Sonargaon Hotel, Dhaka. Mr. Zahid Maleque MP, Honorable Minister, MOH&FW, GOB was the Chief Guest and Professor Dr. Abul Kalam Azad, Director General, DGHS was the Chair of the Occasion. Champions of the Maternal Health Services from all tiers of health facilities were awarded in this ceremony.

Dissemination of MH Strategy and SOP

All stakeholders of the Maternal Health Services, including MOH&FW, professional bodies, and donors were present at the event. MaMoni MNCSP, UNICEF, UNFPA, and WHO provided technical and financial support for this event.

National Newborn Health Conference and observation of World Prematurity Day 2019

Every year World Prematurity Day is observed on November 17 to raise global awareness and commitments to overcome the challenges and burden of preterm births. This year to observe World Prematurity Day 2019 and mark the completion of the official launching of the NNHP & IMCI program, the National Newborn Health Conference was organized. Under the leadership of the NNHP & IMCI program, MaMoni MNCSP supported organizing this event along with UNICEF, icddr,b, and other partners. National and international stakeholders shared the progress of priority newborn interventions, key research, and study findings on four themes: ENC practices, sick newborn management, preterm and low birth weight babies' management, and health systems and quality of newborn care. A prematurity info-pack developed by GOB, in collaboration with different development partners, was disseminated, containing 15 different types of materials on prematurity. Minister Mr. Zahid Maleque, Minister, MOH&FW inaugurated the event. Professionals, representatives from relevant directorates, development partners, and

different stakeholders working on newborn health programs attended the conference. The project closely worked with NNHP and provided technical support to develop the concept note, technical content of the sessions, resource materials, and the prematurity info-pack.

Annual Workshop on Prematurity with Dhaka Urban Newborn Health Stakeholders

The DGHS and DGFP jointly organized an "Annual Workshop on Prematurity" to connect the urban stakeholders working for newborn health on January 22, 2020, at Hotel Amari in Dhaka. The event was supported by the Improving Newborn Survival Project (INSP) of Save the Children. USAID's MaMoni MNCSP showcased newborn health interventions that are currently implemented in the country through its marketplace participation during the event. The chief guest of the event was Professor Mohammod Shahidullah, Chairperson National Technical Working Committee - Newborn Health, Chairman of Neonatology, BSMMU, while Dr. Md Shamsul Haque, Line Director MNCAH, DGHS was the chair. The workshop was interactive and created a platform for urban newborn stakeholders to work closely with the NNHP and IMCI program for ensuring the management of preterm newborns in the future.

Observation of Safe Motherhood Day

USAID's MaMoni MNCSP supported the government in observing Safe Motherhood Day on May 28, 2020 throughout the country, with its usual contribution as one of the key stakeholders. This year, too, the project supported in design and production of the Safe Motherhood Day 2020 poster and published a special supplement containing the statements of government officials in one of the leading Bangla newspapers, Daily Shamakal, for national coverage. In addition to these, MaMoni MNCSP also hosted a highly successful and interactive Live Q&A Session on "Experiencing Motherhood During COVID-19" on its Facebook page. We also published an English opinion piece by the Chief of Party of the project in The Daily Star, for the same occasion.

AAP Global COVID Series webinar:

The American Academy of Pediatrics (AAP) had arranged a series of webinars related to COVID and its impact on the community health. As part of this series, MaMoni MNCSP, along with Save the Children US, collaborated on one of those webinars on "Disruption of Maternal and Neonatal Care during COVID—How National Professional Associations Are Responding." Prof. Mohammod Shahidullah presented on how MOH&FW, newborn stakeholders and professional associations are adapting and implementing global COVID-related guidelines to Bangladesh contexts. Experts from Mali, Indonesia and Zambia also presented in the webinar.

Launch of the Every Newborn Coverage Targets and Milestones to 2025:

In September 2020, the launching event on Every Newborn Coverage Targets and Milestones to 2025 was organized virtually by WHO. Tedros Adhanom, the Director General of WHO launched the event. Bangladesh's progress on newborn health, challenges faced, and action needed towards achieving the Bangladesh Every Newborn Action Plan targets were presented in this event. Prof. Mohammod Shahidullah, the national newborn health champion, presented from Bangladesh. The experiences from Ghana and Cameroon were also shared in this event.

Paperless Declaration

Y3 marked an important milestone along the journey of the eMIS. On March 1, 2020, Honorable Minister of Health and Family Welfare declared the paperless operation for Tangail. The

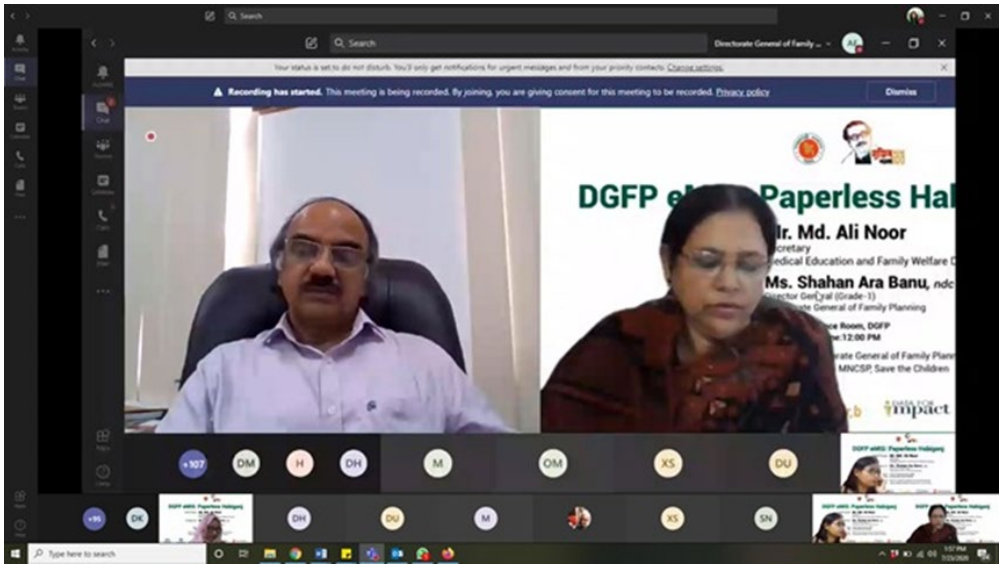
declaration event was held at Pan Pacific Sonargaon, where district and divisional managers from all the 32 eMIS implementing districts were connected through video conference. Mr. Zahid Maleque, MP, honorable Minister of Health and Family Welfare attended the program as the Chief Guest along with secretaries and director generals of respective organizations. Mr. Xerxes Sidhwa, Director, OPHNE, USAID was present as a special guest. MaMoni MNCSP along with MEASURE Evaluation and icddr,b supported the event.

Xerxes Sidhwa (left) and Zahid Maleque, MP (right) during their speech
Photo credit: Save the Children

Paperless declaration event in Pan-Paciifc Sonargaon
Photo credit: Save the Children

DGFP, with technical support from MaMoni MNCSP, hosted the declaration of DGFP eMIS: Paperless Habiganj via online event. This marked the second district whose business process of service recording and reporting has been officially transformed digitally. The Habiganj declaration was held on July 23, 2020, where honorable Secretary, Medical Education and Family Welfare Division (ME&FWD), MOH&FW, Md. Ali Noor, was present as the Chief Guest. The welcome address was given by Manoj Kumar Roy, Joint Secretary, MOH&FW, Director & Line Director, MIS Unit, DGFP. Shahan Ara Banu, NDC, Director General of DGFP chaired the event.

Xerxes Sidhwa, Director-OPHNE, USAID; Onno van Manen, Country Director, Save the Children in Bangladesh; Md. Kutub Uddin, Divisional director (Family Planning), Sylhet and Md Humayun Kabir, Senior Strategic and Technical Advisor, Data for Impact were also present among the special guests.



Virtual event of Habiganj paperless declaration by Md. Ali Noor (left) and Shahan Ara Banu (right)
Photo Credit: Save the Children

Launching of MNCH e-training module in the context of COVID-19

A virtual kick-off event was held on September 2, 2020 to officially roll-out a training course and orientation for the managers and service providers of DGFP in 10 MaMoni MNCSP districts. The Chief Guest of the event was Shahan Ara Banu, NDC, Director General, Directorate General of Family Planning (DGFP), Ministry of Health and Family Welfare (MOHFW). Dr. Mohammed Sharif, Director (MCH-S) and Line Director (MCRAH), MCH Services Unit, DGFP, chaired the event, where around 500 participants attended virtually. In June 2020, the "National Guideline for Providing Essential Maternal, Newborn and Child Health Services in the context of COVID-19" was developed and released with the support and joint collaboration of government and non-government entities. In this context, an online training course comprising of 10 subject-wise modules was developed following the national guideline by MaMoni MNCSP.

Observation of World Population Day

World Population Day was observed on July 11, 2020 at the national and district levels at a smaller scale due to the COVID-19 pandemic. MaMoni MNCSP supported the day observation at the national level by providing a write-up for DGFP's souvenir book and shared social media content by DGFP and Ujiiban on MaMoni's Facebook page. At the district level, MaMoni teams supported DGFP to organize both physical (maintaining social distancing) and online discussion meetings with DGFP representatives and local government health officials. In the same meetings, performance awards and honorary crests were presented to the MaMoni project and deserving healthcare providers and local government staff.

A detailed list of events and activities that the project supported is presented in Annex L.

Sub IR 4.2: National systems for certification and accreditation of public and private facilities established and demonstrated

Certification and accreditation of public and private healthcare facilities

The MOH&FW's approach and timeline for establishing an accreditation system in Bangladesh remains unclear. MaMoni MNCSP continued to work with the QIS to better understand the latest status and plans for the approval of the draft act. The accreditation work stream continues to be on hold pending discussions with MOH&FW. There are a couple of opportunities that are being explored through the BSQua. Once established, the society will provide an opportunity to offer certifications and accreditation through the society, as well as with other professional bodies. The other area that is being explored is the introduction of a certification system similar to that of the Manyata Scheme in India. This is a system for certification of hospitals providing MNH services using a predefined set of standards. MaMoni is currently developing a concept note for the adaptation of this model in the Bangladesh context to implement a focused accreditation for public and private facilities providing MNH/MCH services. This will of course require extensive discussions and negotiations with the professional bodies and the Government of Bangladesh to gain acceptability. The accreditation work stream is on hold, pending further discussions with GOB to better understand the needs and realistic expected outputs for MaMoni MNCSP, and in the midst of less connection with GOB due to COVID-19 and other priorities.

Sub IR 4.3: Selected proven interventions and tools and approaches implemented at scale

Supporting NNHP and IMCI program implementation of DGHS through the National Newborn and Child Health Cell


National Newborn Health Program
Newsletter
Editorial Note
Speaker's Corner

MaMoni MNCSP continued supporting the Newborn and Child Health Cell, which served as a platform to establish effective and functional coordination and networking with different stakeholders, professional societies, and development partners to scale up newborn health interventions. The cell is also supporting the NNHP & IMCI program for the implementation of their activities under the MNCAH operation plan. The project also continued supporting the regular publication of the quarterly NNHP newsletters through the Newborn and Child Health Cell. The 9th, 10th, and 11th issues of the newsletter were published, circulated, and posted on the Healthy Newborn Network (HNN) web page in Y3. The 11th issue of the newsletter was published in the latter half of September 2020, focusing mostly on impact and activities related to COVID-19, apart from the routine updates of NNHP activities.

NNHP implementation toolkit training at the national level

MaMoni MNCSP provides technical assistance for the implementation of NNHP activities beyond MaMoni districts. The project supported capacity building of 21 GOB managers on the NNHP toolkit for monitoring of NNHP implementation and tracking of progress at national, district, and upazila levels.

National Technical Working Committee for Newborn Health meeting

A meeting of the National Technical Working Committee for Newborn Health (NTWC-NBH) was held in December 2019. The meeting was chaired by Prof. Dr. Mohammad Shahidullah, Professor of Neonatology and Chairperson of NTWC-NBH. Twenty-two members participated. Key discussion points included finalization of NNHP monitoring checklists by incorporating key signal functions of newborn health, review of the revised SCANU/NSU register, and updates on the drafting of the National Neonatal Health Strategy 2009. Due to the COVID-19 pandemic, no further NTWC meeting was held.

Incorporation of revised IMCI monthly progress report in DHIS-2

NNHP & IMCI program of DGHS revised the IMCI register and monthly progress report form in line with the updated WHO booklet for IMCI protocol. MaMoni MNCSP with other stakeholders initiated discussions for the incorporation of revised IMCI data set in DHIS2.

Supported NNHP and IMCI program to organize divisional/district progress review meeting on newborn health

MaMoni MNCSP supported the NNHP & IMCI program to establish a monitoring system nationwide for tracking the progress of program activities. From September 12-24, 2020, MaMoni provided technical assistance to NNHP for organizing progress review meetings for eight divisions. Performance data were analyzed for key newborn and child health indicators to monitor the progress on service utilization and the impact of the COVID-19 pandemic situation. All the Divisional Directors, Civil Surgeons, and UHFPOs and all newborn stakeholders have attended the review meetings. The NNHP & IMCI program of DGHS also arranged a performance appraisal workshop of six districts (Kushtia, Chuadanga, Habiganj, Faridpur, Rangamati, and Bandarban) in Y3 before the pandemic, where district and upazila managers were present.

Technical assistance for updating IMCI guideline and capacity building of service providers

Globally, WHO revised the IMCI protocol, and MaMoni MNCSP, in collaboration with other newborn stakeholders provided technical assistance to the NNHP & IMCI program to adapt the changes in the country context. The facility module for IMCI has been updated and the community module is under the process of revision. The basic health workers package for IMCI training is also revised to strengthen sepsis management, including pneumonia and referral cases. The NNHP & IMCI program of DGHS arranged capacity building workshops for service providers on the revised IMCI protocol for 18 districts. MaMoni MNCSP through the Newborn and Child Health Cell supported this activity by demonstrating the monthly IMCI online data reporting in DHIS2 and assessing the data quality before reporting.

Finalization of SCANU register

In collaboration with other newborn stakeholders, MaMoni MNCSP provided technical assistance to NNHP for developing the SCANU register, which was reviewed in the NTWC-NBH. Based on the feedback from the technical committee, the SCANU register was revised and is awaiting NTWC approval.

Implementation of comprehensive newborn care package

The MOH&FW implements the CNCP at different level of facilities across the country. MaMoni MNCSP supports the ministry to implement CNCP at national scale. The project tracks CNCP implementation status based on reporting on the selected CNCP services by the facility in the national HMIS. CNCP implementation status at public facilities is shown in *Table 13*.

Table 13: Percentage of public health facilities implementing CNCP[9]

Background characteristic	Year		
	2018	2019	2020
Division			
Barisal	11	12	8
Chattogram	9	9	7
Dhaka	13	13	8
Khulna	9	7	5
Mymensingh	13	12	11
Rajshahi	13	14	11
Rangpur	11	11	11
Sylhet	12	12	8
Facility			
Medical College Hospital	0	0	0
District Hospital	10	18	15
Mother and Child Welfare Center	0	0	0
Upazila Health Complex	4	6	6
UH&FWC	12	12	9
Component			
ENC	40	46	40
Sepsis management	19	18	15
ACS	81	79	71
KMC	4	8	7
SCANU	49	49	45
Total	11	11	8

CNCP includes for:

Medical College Hospital and District Hospital- administration of ACS, immediate and essential newborn care, identification and management of sepsis, KMC and management of sick newborn babies at SCANU;

MCWC and UHC- immediate and essential newborn care, identification and management of sepsis and KMC;

UH&FWCC- immediate and essential newborn care and identification and management of sepsis.

[9] As per project definition, implementation of CNCP is a composite indicator consisting of 5 data elements (# of newborns received 7.1% chlorhexidine, # of children with pneumonia received IMCI, # of women given birth between 24-34 completed gestational week received at least one dose of ACS, # of babies received KMC and SCANU bed occupancy rate). If a facility reported any number > 0 in last 3 months in HMIS prior to the reporting month on the specific indicators, the facility is considered implementing that particular component of CNCP. If a facility reported on all of the five data elements, as applicable by type of facility, the facility is considered as implementing CNCP.

The project used HMIS data reported on selected CNCP services in the April to June period. The data for the past three years represent the same April to June period for comparability. Analysis examined data for all public health facilities from medical colleges to DHs, UHCs and UH&FWCs of both DGHS and DGFP facilities. The measurement assumes that reporting on selected CNCP services reflects on practice of CNCP in the facility in reality.

The table above shows that overall 8% of the public facilities were implementing CNCP in Bangladesh during 2020. This is lower than the last two years. In 2020, the percentage of public facilities implementing CNCP was highest in Mymensingh, Rajshahi and Rangpur division. Overall, DH and union level facilities showed higher performance compared to other facilities; however, in 2020, the coverage decreased in both. Unexpectedly, the performance of medical college hospitals and MCWCs remained unsatisfactory over the last three years. We also analyzed the status by component area. Performance of all components declined slightly during 2020. Implementation status of ACS remained high while KMC service remained low.

There are different reasons for low coverage of CNCP implementation. In 2020, the COVID-19 pandemic decreased the level of uptake of health services from all facilities. Additionally, medical college hospitals remain reluctant to submit reports regularly. Inadequate reporting of IMCI services from union level facilities and MCWCs is another issue. Services like SCANU and KMC are not available at all DHs, MCWCs, and UHCs. NNHP took different initiatives to improve the coverage and quality of the services. They have already started performance review meetings with the managers at district and division level. Recently they have updated the newborn health dashboard, which will help managers to identify recording and reporting gaps. They have taken initiatives to strengthen on site monitoring mechanisms, both by the district and national level managers. Also, NNHP is expanding KMC and SCANU service gradually to ensure the availability of these services in all DHs and UHCs. Finally, a comprehensive strategy was developed to ensure service delivery during the COVID pandemic.

Strengthening HMIS to improve maternal and newborn health program monitoring

The project had been continuously advocating for the inclusion of new KMC SDPs in the DHIS2 platform. Due to these efforts, 11 new KMC facilities within MaMoni MNCSP districts were included in the DHIS2 reporting system.

In order to strengthen the HMIS, the project supported DGFP to develop an MNH indicator display dashboard (in festoon form) for facilities providing 24/7 delivery services. A number of key MNH coverage indicators that are relevant to the facility, as per the level, are displayed. A GIS map is also included. It is designed in such a way that service providers themselves at the facility can update the data monthly and track progress and trend of service coverage for their facility.

Support national scale up of eMIS

MOH&FW has already decided to roll out the eMIS at a larger scale. MaMoni MNCSP has been supporting implementation of eMIS in nine project districts. eMIS has been implemented in Madaripur (MaMoni MNCSP district) by MEASURE/icddr,b. The project also supported implementation of eMIS in Jhalokati district. In addition to the MaMoni implementation districts, the project provided technical support to expand eMIS in facilities of 12 more districts in Bangladesh in collaboration with DGFP, MEASURE Evaluation/icddr,b and SC's Mamata Project. Altogether, as of September 2020, eMIS is up and running in 1,373 facilities across 21 districts in

Bangladesh, of which 1,220 are UF&FWCs (*Table 14*). DGFP started rolling out the facility module in Chattogram and Sylhet divisions, starting with Cumilla district. After a brief start the implementation is currently paused due to the COVID-19 pandemic.

Table 14: Number of public facilities using eMIS facility module in Bangladesh

Name of partners supporting implementation	# of facilities using eMIS facility module (Cumulative)											
	DH		MCWC		UHC		10-bed hospital		UH&FWC[10]		Total	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
MaMoni MNCSP	3	2	7	14	34	35	1	1	376	406	421	458
Mamata Project	0	0	0	0	2	2	0	0	30	30	32	32
icddr,b/ MEASURE	1	1	15	14	68	66	0	0	727	619	744	700
DGFP	0	1	0	2	0	15	0	0	0	165	0	183
Total	4	4	22	30	104	118	1	1	1,133	1,220	1,196	1,373

Source: eMIS report

The community module of eMIS has been scaled up to 27 districts. MaMoni MNCSP is implementing it in three districts, while DGFP/icddr,b/MEASURE Evaluation is implementing it in 23 districts. The SCI Mamata project has also implemented community eMIS in Sylhet district. As of September 2020, a total of 7,558 community health workers had been using the eMIS community module in 27 districts in Bangladesh, as shown in *Table 15.* Cumilla was the first district to scale up eMIS outside the project districts, implemented by DGFP. The project supported the launching of eMIS in this district. Honorable Secretary, Health Education and Family Welfare Division, along with the newly appointed Directorate General of DGFP attended the ceremony.

Table 15: Number of CHWs using eMIS community module in Bangladesh

Name of partners supporting implementation	# of districts covered		# of upazilas covered		# of community health workers (CHW) using eMIS community module (Cumulative)					
					FWA		HA		Total	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
MaMoni MNCSP	3	3	22	22	891	828	709	681	1600	1509
Mamata Project	1	1	4	4	106	136	0	0	106	136
icddr,b/ MEASURE	15	15	91	98	3099	2826	653	653	3752	3479
DGFP	8	8	82	82	2417	2434	0	0	2417	2434
Total	27	27	199	206	6,513	6,224	1,362	1,334	7,875	7,558

Source: eMIS report

Distance Learning Management System

DGFP has launched a distance learning management system (LMS) using the Moodle application on its website. MaMoni MNCSP provided operational and technical support to develop and deploy the LMS. The system is hosted in the DGFP data center (http://elearning.dgfp.gov.bd). As part of the system, an OpenSource video conferencing system was also setup. The project is exploring if the video conferencing can be integrated with other digital solutions for service delivery.

[10] Includes USC and RD.

Monitoring, Evaluation and Learning

Baseline survey and secondary analysis

During the reporting year, the project submitted the baseline survey reports (population-based household, health facility assessment, and QoC) to USAID after a combined review with icddr,b. The project identified some thematic areas with research questions for doing secondary analysis using the baseline survey data. Preliminary analysis has been completed for the following topics:

- Prevalence and factors associated with skin-to-skin contact in rural areas of Bangladesh: findings from a population based cross-sectional survey
- Mother's treatment-seeking behavior for neonatal danger signs in Bangladesh: a structural equation modeling
- Determinants of postnatal care utilization and the quality of postnatal care: multilevel analysis of a household survey
- Association of possession of mobile phone with maternal care practices
- Factors affecting neonatal deaths in the MaMoni project area

Data quality assessment

Data quality assessment (DQA) is a routine activity of the project to improve the quality of data for HMIS of MOH&FW. DQAs were primarily conducted by project staff both at facility and community level. Some of the DQAs were also conducted jointly by project staff and local level managers. A total of 466 DQAs, accounting for 76% of the planned DQAs, were conducted in Y3.

Major findings from these DQAs and actions taken for the reporting year are given in Annex M.

Research and Learning

Table 16 shows the status of the learning agenda studies that MaMoni MNCSP has undertaken.

Table 16: List of ongoing/completed learning agenda in MaMoni MNCSP districts

Sl	Learning agenda	Study type	Implementation site (District/Upazila/Union)	Status (Ongoing/completed/postponed/ not started)
1	Generating lessons on strengthening small and sick newborn management including post-discharge follow-up in MaMoni MNCSP districts of Bangladesh	Implementation Research	Lakshmipur district, Ramganj UHC	Ongoing
2	Assessment of the feasibility and acceptability of an mHealth SMS reminder service for maternal and newborn care services in rural Bangladesh	Implementation Research	UH&FWCs of Madhabpur, Habiganj	Completed; results shared with DGFP
3	Effect of facility generated mobile based visit reminder messages on maternal health care utilization at selected public health facilities in Bangladesh	Implementation Research	UH&FWCs of Madhabpur, Habiganj	Working on concept note
4	Effect of Social Accountability Approach on Improving MCH Services in Public Health Facilities: A pilot study in MaMoni MNCSP districts of Bangladesh	Formative Research	Manikganj & Noakhali (DH, 1 UHC, 1 UH&FWC) from each district	Baseline completed

Sl	Learning agenda	Study type	Implementation site (District/Upazila/Union)	Status (Ongoing/completed/postponed/ not started)
5	Role of midwives in different level health facilities in MaMoni districts for ensuring maternal and newborn health services for ensuring maternal and newborn health services	Implementation Research	Lakshmipur, Madaripur (DH, 1UHC, 1UH&FWC from each district)	Baseline completed
6	Mechanisms for engaging the private sector in planning, delivering and demonstrating accountability for quality maternal and newborn health services: Evidence from Bangladesh	Formative Research	National/ MaMoni district (Manikganj, Noakhali, Madariur)	Ongoing
7	Classification and Reporting of Perinatal Deaths in USAID's MaMoni MNCSP Districts in Bangladesh	Formative Research	Habiganj, Kushtia (DH,UHC,MCWC)	Protocol submitted for ethical clearance (BMRC and SCUS)
8	An explorative study on use of Tranexamic Acid (TXA) in the management of Post-partum Hemorrhage at different levels of public and private health facilities in Bangladesh	Formative Research	National and MaMoni district- Faridpur, B. Baria (DH, UHC,MCWC, Maternity	Protocol submitted for ethical clearance (BMRC and Jhpiego-ERB)
9	Implementation of Paperless eMIS in Habiganj	Documentation	UH&FWCs of Madhabpur, Habiganj	Ongoing
10	Use of Open MRS for improved facility management	Documentation	Manikganj (DH,1 UHC)	Concept note developed
11	Assessment of the functionality and acceptability of KIOSK based client feedback mechanism in government healthcare facilities in Bangladesh	Documentation	Manikganj (1 UHC)	Concept note developed
12	Establishing facilitated Referral Model for Patient Transport	Documentation	Manikganj (1 UHC)	Prototype model designed and proposed
13	Can alternate service delivery mechanisms improve utilization of MNH services in underserved areas of Bangladesh?	Documentation	6 sites form 3 regions	Ongoing
14	Effectiveness of Community Group (CG) Meeting based Community Micro Planning (cMP) model to improve the identification of potential union level MNH service receivers in selected districts of Bangladesh	Documentation	10 union from 10 districts	Concept note developed.

Disseminate learning for expansion and application of lessons

MaMoni MNCSP participated in the following conferences in Y3:

- National Newborn Health Conference & World Prematurity Day 2019 in Dhaka, Bangladesh.
- 36th The International Society for Quality in Health Care (ISQua) Conference in Cape Town, South Africa, October 20-23, 2019.
- Second International Symposium on Community Health Workers (ICHWs) in Dhaka, Bangladesh, November 22-24, 2019.

- "Learnings from MaMoni MNCSP's private sector engagement and QI initiatives" was shared via WHO Quality, Equity, Dignity webinar.

The project submitted the following abstracts that have been accepted for presentation at different conferences:

- *"Readiness of sub-district health facilities in Bangladesh to provide midwife-led quality maternal newborn care services"* accepted for the 32nd Triennial Congress of the International Confederation of Midwives (ICM) 2020. The conference has been postponed until 2021 due to COVID-19 pandemic.
- *"Outcomes of scale up of Helping Babies Breathe intervention to reduce neonatal death due to birth asphyxia in Bangladesh,"* accepted as a virtual poster for the AAP 2020 National Conference and Exhibition in San Diego.
- **"***Electronic management information system (eMIS) based reminder service improves adherence to scheduled follow up among pregnant women in Habiganj, Bangladesh"* accepted for poster presentation to the Sixth Global Symposium on Health Systems Research (HSR2020) scheduled to be held virtually in November 2020.

PROPOSED MaMoni MNCSP PROGRAM MODIFICATION

MaMoni MNCSP had a number of discussions with the project's AoR and health team at USAID Bangladesh on the scope for modification of project description of MaMoni MNCSP. As agreed with USAID, the project submitted Year 4 workplan covering current 10 districts and 7 new districts. In the light of program expansion and modification, the project also reviewed current PMP indicators and discussed with USAID. The proposed revision of indicators was submitted to USAID on October 8 for review and approval. Upon reaching consensus on the final list of PMP indicators, the project will work on baseline and target settings and revision of performance indicator reference sheets. Reflecting on changes in PMP indicators and evaluation plan, MaMoni will submit a MEL amendment to USAID for approval.

PROBLEMS OR ISSUES ENCOUNTERED AND HOW THEY WERE RESOLVED

Table 17: Problems or issues encountered and how they were resolved

Sl	Activity	Problems/Issue encountered	How they were resolved
		Inadequate fund flow hindered implementation of activities during first quarter of the year.	• Virtual platform has provided opportunities to be alternative and cost-effective means to capacity building of service providers. • Getting connected with health facility providers and health program managers through mobile phone helped the relationship continue and ensured continuation of provision of care. • Working from home has proved to equally effective by use of online meetings and communication.
		The COVID-19 pandemic compelled the project to postpone several work plan activities from March 2020, including field visits.	
		Fear among the service recipients, lack of transport, delay in instruction from the relevant program of government regarding maternal and newborn health services in the context of COVID-19, inadequate readiness and scarcity of service	

Sl	Activity	Problems/Issue encountered	How they were resolved
		providers at the facilities affected utilization of key MNC services	• Increased interest of local government bodies in keeping up the services in local health facilities has resulted into increased local resource mobilization in COVID-19 situation. • Project activities resumed in full scale and catch up of service utilization during the new normal life in last quarter.
	Private Community Skilled Birth Attendant (pCSBA) training	Final exam postponed because of COVID-19 pandemic	Not yet resolved. After receiving the directives from DGHS and BNMC, OGSB will inform participants to appear for the final exam.
	Newborn health training	The number of planned training such as 2 batches of KMC, CNCP in two districts, and 2 batches of SCANU SoP training could not be organized due to funding constraints in Q2 and later Covid-19 situation in Q3. As these are skill-based training cannot be provided virtually	During quarter 4 one batch of KMC and CNCP training at B.Baria were organized as when the government restrictions were removed.
	Establishment of SCANU at Maternal and Child Health Training Institute	The start of the required renovation work for establishing SCANU took a long time due to complex procedures for budget allocation and getting those works done through the Health Engineering Department (HED). Later Covid situation delayed the work further and still not completed. This resulted in a delay in the installation of equipment and initiate the functioning of the SCANU. Most of the SCANU equipment is imported that also took a significant amount of time for procurement.	Continuous follow up through DGFP is ongoing. Still not resolved/completed.
	Continuation of newborn services like ENC, KMC, SCANU, IMCI in context of Covid-19 situation	At the beginning of the pandemic, there was no national guideline or instruction from the program regarding the newborn health services that affected the utilization of key services.	MaMoni MNCSP supported NNHP&IMCI Program in analyzing the service data that helped them to get a clear picture of the decreasing trend in service utilization. The project also facilitated the issuance of a Government Order (GO) by the NNHP&IMCI Program with directives to ensure newborn and child health services in the facilities during this Covid-19 pandemic situation. In line with the directives the project supported and facilitate for the continuation of the newborn services at MaMoni MNCSP districts.

Sl	Activity	Problems/Issue encountered	How they were resolved
	Improved measurement in improving QoC	Journey of family of MNH-QI measures through existing systems	MNH, QI and MEL team worked together to set out the best-fitted indicators for measuring the QoC through implementing bundles. For each MNH-QI bundle separate process, outcome measures have set out along with fixing the data flow within the system rather than separate entity.
	Coaching activities under IR2	Slow release of funds, Dengue fever outbreak & COVID-19 pandemic	Several planned activities have cancelled and/or rescheduled and in Q-4 intense effort was given to keeping the activities moving around
	National Quality Policy & Strategy (NQPS)	Changing views of MOH&FW	After discussion with IHI & USAID it was kept in parking lot for next course of actions. In Q-4, after discussion with HEU it has revived for FY4.
	Accreditation under IR4	Implementing accreditation	Due to changing circumstances & direction from USAID accreditation work stream process was kept halt. New concept of 'Certification' has step in for further discussion & dig down to move forward.
	National and district level managers capacity building on use of data and improved visualization	Delayed flow of fund and Covid-19 pandemic later	Deferred and Included in year-4 work plan
	Scale up of eMIS facility module in 26 upazilas in 6 MaMoni MNCSP districts (2 batches ToT and 15 batches training. 4days training for each batch)	Delayed flow of fund and Covid-19 pandemic and later	Deferred and included in Y4 work plan
	Field data collection in Madaripur on midwifery study	Due to COVID-19 pandemic, face to face interview with service providers from DH, UHC was difficult.	We did phone interviews as per their convenient time. District team helped us communicate with them and collecting consent from them.
	Field data collection at national and district level on private sector study	Due to COVID-19 pandemic, face to face interview with service providers was difficult. Some of our respondents were COVID positive during interview schedule. Therefore, we had to postpone those specific interviews.	• Reschedule some interviews and had to take interview via zoom, skype, phone as per their convenient time. District team helped us communicate with them and collecting consent from them. • Close follow up with them and allow flexibility helped to complete interview

Sl	Activity	Problems/Issue encountered	How they were resolved
		Also, it was very difficult to get appointment of key respondents at national level during this time period	

ANNEXES

Annex A: Performance indicator tracking table

Sl.	Indicator	2018 Baseline Value	2019 Target	2019 Achieve-ment	% of 2019 Target Achieved	2020 Target	2020 Achieve-ment	% of 2020 Target Achieved	2021 Target	EOP Target	Remarks
	SO: Increased Equitable Utilization of Quality MNC Services										
1	Neonatal mortality rate (*per 1000 live birth*)	19/1000								15/1000	Household Survey
2	Neonatal facility mortality rate in public sector facility[11] (*per 1000 live birth in facility*)	11/ 1000	11/1000	3/1000		11/1000	11/1000		10/1000	7/1000	
3	Maternal facility mortality rate[12] in public sector facility (*per 1000 women admitted for delivery or obstetric management in the facility*)	30/1000	29/1000	8/1000		29/1000	1[13] /1000		27/1000	20/1000	
4	Percentage of deliveries in public sector health facilities	15%								20%	Household Survey
5	Percentage of the women receiving quality ANC 4+ visits[14] for the last pregnancy	13%								23%	Household Survey
6	Ratio of coverage for facility delivery between richest and the poorest wealth quintiles	2.5								1.7	Household Survey
7	Percentage of women delivering at home reporting receiving essential newborn care	9%								19%	Household Survey
	IR 1: Improved responsiveness of district health systems to deliver patient-centered MNC services										

[11] Public sector facilities include district hospital, upazila health complex, mother and child welfare center and UHFWC.
[12] Per 1000 obstetric woman
[13] There are three outliers in government published maternal death report, which are in November 2019 for Noakhali it was 95, in July 2020 for Brahmanbaria it was 73 and in August 2020 for Habiganj it was 55. All these are data entry error. The corrected data will be '0' for all three outliers. The outliers are still showing in the published report though from district/upazila requested to correct the data at national level. If we consider the outliers, then achievement for indicator#3 in 2020 will be 2.8.
[14] Includes at least one visit from medically trained provider, with blood pressure checked, weight taken, blood and urine checked and counselling for danger signs during an ANC visit.

Sl.	Indicator	2018 Baseline Value	2019 Target	2019 Achieve-ment	% of 2019 Target Achieved	2020 Target	2020 Achieve-ment	% of 2020 Target Achieved	2021 Target	EOP Target	Remarks
8	Percentage of facilities meeting service provision readiness for 24/7 MNC according to the applicable criteria[15]	0%								10%	Health Facility Survey
9	Number (Percent) of USG-assisted service delivery sites providing family planning (FP) counseling and/or services	82								90	Health Facility Survey
10	Percentage of health offices conducting data-based performance reviews at least once a quarter	30%	50%	40%	80%	50%	49%	97%	72%	80%	
11	Amount of USD equivalent funds mobilized from local government institutions for MNC service strengthening	0	50,000	218,261	437%	125,000	567,709	454%	700,000	1,000,000	Extensive local government mobilization in second half of FY resulted in generous spending by 354 Union Parishad.
12	Percentage of UH&FWCs providing 24/7 normal delivery services[4]	7%								22%	Health Facility Survey
13	Percentage of health facilities having essential medicines for delivery services	3%								28%	Health Facility Survey
14	Number of persons trained in MNC by type and level with MNCSP support	NA	1,898	3,602	190%	5,302	952	18%	4,797	NA	Delay in fund disbursement and Covid-19 contributed for under achievement
15	Number of health facilities (institutional settings) gaining access to basic drinking water services as a result of USG assistance	539								660	Health Facility Survey of 485 facilities
15. a	Percentage of health facilities (institutional settings) gaining access to basic drinking water services as a result of USG assistance	67%								82%	Health Facility Survey

[15] Provision of normal vaginal delivery available, a skilled provider present for 24/7 and over 30 NVD conducted in the facility in last six month.

Sl.	Indicator	2018 Baseline Value	2019 Target	2019 Achieve-ment	% of 2019 Target Achieved	2020 Target	2020 Achieve-ment	% of 2020 Target Achieved	2021 Target	EOP Target	Remarks
16	Percentage of facilities with basic sanitation available for women during and after labor and childbirth (toilet, latrine)	93%								95%	Health Facility Survey
17	Percentage of health facilities with functional community accountability mechanisms	35%								60%	Health Facility Survey
	IR 2: Improved quality of MNC services and governance of quality of care										
18	Percentage of health facilities that had participated in MNH QOC Learning Network that have improved on at least 50% of Core MNC QOC Indicators applicable to level of facility	0%								50%	Quality of Care Survey
19	Percentage of women who delivered in public sector health facility that has participated in MNH QOC learning network reporting positive experience of care	47%								58%	Quality of Care Survey
20	Number of women giving birth who received uterotonics in the third stage of labor (or immediately after birth) through USG-supported programs	67,206	69,222	77,069	111%	78,478	104,691	133%	102,545	104,638	During base line calculation in 2018 reporting rate of MIS-3 were less in DGFP MIS. Subsequently reporting rate increased since 2019
21	Percentage of women with severe pre-eclampsia/ eclampsia received appropriate management in health facilities that had participated in QOC Learning Network	65%								81%	Quality of Care Survey
22	Number of newborns not breathing spontaneously at birth who were successfully resuscitated through USG-supported programs in the country	27,190	27,341	26,401	97%	21,801	34,764	159%	27,643	28,550	During base line calculation in 2018 reporting rate of MIS-3 were less in DGFP MIS. Subsequently reporting rate increased since 2019

Sl.	Indicator	2018 Baseline Value	2019 Target	2019 Achieve-ment	% of 2019 Target Achieved	2020 Target	2020 Achieve-ment	% of 2020 Target Achieved	2021 Target	EOP Target	Remarks
23	Percentage of scheduled meetings held by QI committees at national, division, district and upazila level	0%	25%	17%	68%	25%	18%	71%	25%	75%	Due to impact of Covid-19 it was not possible to hold all the meeting
24	Percentage of health facility participating in MNH QOC learning network	0%	5%	4%	80%	10%	11%	110%	27%	80%	
25	Number of people trained in QI	0	250	439	176%	1520	644	42%	2,840	NA	Delay in fund disbursement and Covid-19 contributed for under achievement
26	Percentage of health facilities participating in MNH QOC learning network monitoring Core MNC QOC indicators	0%	35%	100%	286%	100%	96%	96%	100%	100%	
	IR 3: Sustained improvement in access and demand for MNC services and HH practices										
27	Percentage of women initiating modern method of FP in the post-partum period (PPFP)	40%								50%	Household Survey
28	Number of deliveries in public sector health facilities	83,399	87,568	93,852	107%	90,269	98,368	109%	99,406	104,638	
29	Couple-years of protection (CYP) in USG-supported programs	1,561,967	1,593,206	1,563,572	98%	1,519,074	1,385,701	91%	1,614,033	1,718,164	
30	Percentage of women who delivered at home who consumed misoprostol tablets for PPH prevention	15%								25%	Household Survey
31	Number of pregnant women reached with nutrition-specific interventions through USG-supported programs	79,598	81,190	178,922	220%	185,391	204,034	110%	201,282	211,876	
32	Percentage of infants who were put to the breast within the first hour after birth	72%								90%	Household Survey
33	Percentage of UH&FWC Management Committee meetings held at least bi-monthly	0%	30%	40%	133%	38%	38%	100%	56%	75%	
34	Percentage of household reporting intention to use public sector for MNH services	94%								95%	Household Survey

Sl.	Indicator	2018 Baseline Value	2019 Target	2019 Achieve-ment	% of 2019 Target Achieved	2020 Target	2020 Achieve-ment	% of 2020 Target Achieved	2021 Target	EOP Target	Remarks
34 a	Percentage of households reporting a public sector health facility providing delivery care as their nearest facility for delivery care	73%								83%	Household Survey
35	Percentage of Community Clinics held a microplanning/ CHW coordination meeting in the last three months	0%	5%	0%	0%	10%	8%	80%	17%	50%	Due to Covid-19 it was not possible to hold all planned meetings
36	Number of individuals residing in hard-to-reach and underserved areas reached through alternate service provision mechanisms for MNH	0				1,244	1,244	100%	TBD	TBD	Area identification completed. Alternate service provision strategy implementation under way; it is started in 10 sites
	IR 4: Improved national capacity to deliver quality MNH services at scale										
37	National scale up plan for MNH QI strategy rolled out	0	1	1	100%	1	1	100%		1	Project support to QIS in expansion of QI nationally and project doing it 10 districts.
38 a	Number of MNC providers position fulfilled as per sanctioned positions by level of facility	3,039	3,097	3,355	108%	3,226	4,004	124%	3.373	3,590	
38 b	Percentage of MNC providers position fulfilled as per sanctioned positions by level of facility	68%	69%	81%	117%	73%	76%	104%	76%	80%	
39	Number of facilities initiated accreditation process	0								15	Not started yet due to changing guidance from USAID
40	Number of union level health facilities in the country using e-MIS	334	744	954	128%	1134	1220	108%	1292	1,592	DGFP expanded eMIS in more districts which were not in their plan. Also Mamota project of Save the Children

Sl.	Indicator	2018 Baseline Value	2019 Target	2019 Achieve-ment	% of 2019 Target Achieved	2020 Target	2020 Achieve-ment	% of 2020 Target Achieved	2021 Target	EOP Target	Remarks
											implementing eMIS in Sylhet district, which was not included in the plan.
41	Percentage of health facilities in the country implementing comprehensive newborn care package by level of facility	11%	11%	11%	100%	11%	8%	73%	12%	14%	Covid-19 impacted across the country
42	Percentage of UH&FWC providing 24/7 normal delivery services in the country	13%								23%	Bangladesh Health Facility Survey 2017 report not yet available

Annex B: Trainings conducted

Sl	ToT/Training/Orientation/Workshop name	Training category	Training Type	Level of training	Duration (day)	Number of participants		
						Male	Female	Total
1	CNCP training for HA, FWA, CHCP (under NIPORT activity)	MNC	Basic Training	Upazila	4	92	158	250
2	Comprehensive Newborn Care Package (CNCP) for union level providers	MNC	Basic Training	District	5	75	34	109
3	Decentralization Planning Workshop	General	Workshop/ Meeting	District	2	201	173	374
4	Decentralization Planning Workshop	General	Workshop/ Meeting	Union	2	104	60	164
5	Decentralization Planning Workshop	General	Workshop/ Meeting	Upazila	1	69	61	130
6	Emergency Triage Assessment and Treatment (ETAT) training for doctors	MNC	Basic Training	National	5	14	10	24
7	Emergency Triage Assessment and Treatment (ETAT) training for Nurses	MNC	Basic Training	National	5	0	18	18
8	EOC Training for DGFP Doctors	MNC	Training	National	365	3	7	10
9	IMCI case Recording and Reporting	MIS	Orientation	District	2	74	39	113
10	Improvement Coach (IC) Workshop-2	QoC	Workshop	National	3	23	12	35
11	Improvement Science in Action (ISIA)	QoC	Workshop	Regional	3	24	15	39
12	Kangaroo Mother Care (KMC) for Nurses	MNC	Basic Training	National	3	0	41	41
13	NNHP Implementation Toolkit	MNC	Basic Training	National	2	17	4	21
14	One Day Refresher Training on QI (Basics)	QoC	Training	Upazila	2	45	77	122
15	Orientation for Adolescent Club Members	General	Orientation	Union	1	11	20	31
16	Orientation of National Guideline for providing essential Maternal, Newborn and Child Health Services in the context of COVID-19	MNC	Orientation	National	1	87	23	110
17	Orientation of Statisticians on MNH & QoC Recording and Reporting	QoC	Orientation	District	1	12	3	15
18	Orientation on CG/CSG based CMPM	General	Orientation	Community	1	312	334	646

Sl	ToT/Training/Orientation/Workshop name	Training category	Training Type	Level of training	Duration (day)	Number of participants		
						Male	Female	Total
19	Orientation on CG/CSG based CMPM	General	Orientation	Union	1	579	248	827
20	Orientation on Clinical Case Management	Clinical/ Technical	Orientation	District / Upazila	1	46	19	65
21	Orientation on initial Stabilization of MNH Complications at the Emergency Room	MNC	Orientation	District	1	90	36	126
22	Orientation on initial Stabilization of MNH Complications at the Emergency Room	MNC	Orientation	Upazila	1	61	43	104
23	Orientation on Maternal & Newborn Health Quality Improvement (MNH-QI) Bundle	QoC	Orientation	District	1	5	25	30
24	Orientation on Maternal & Newborn Health Quality Improvement (MNH-QI) Bundle	QoC	Orientation	District	3	10	58	68
25	Orientation on Maternal & Newborn Health Quality Improvement (MNH-QI) Bundle	QoC	Orientation	District	4	29	27	56
26	Orientation on Maternal & Newborn Health Quality Improvement (MNH-QI) Bundle	QoC	Orientation	Upazila	1	12	37	49
27	Orientation on Maternal & Newborn Health Quality Improvement (MNH-QI) Bundle	QoC	Orientation	Upazila	2	44	34	78
28	Orientation on Paperless Initiative	Non-Technical	Refresher Training/ Orientation	Upazila	1	112	325	437
29	Orientation on PRS Monitoring Tools and Facility Monitoring Tools	General	Orientation	Upazila	1	2	15	17
30	Orientation on PRS Monitoring Tools and Facility Monitoring Tools	MIS	Orientation	District	1	11	1	12
31	Orientation on SA Tools	General	Orientation	District	1	23	0	23
32	Orientation on SA Tools	General	Orientation	Regional	3	9	0	9
33	Orientation on SA Tools	General	Training	Regional	3	7	2	9
34	Orientation on SA Tools	Non-Technical	Orientation	National	2	18	1	19
35	Orientation on the Role of Zila Parishad on Maternal and Newborn Health	General	Orientation	District	1	20	23	43
36	QIC Training for District Level Project Staff	QoC	Orientation	National	2	2	1	3
37	Refresher Orientation on eMIS	MIS	Refresher Training/ Orientation	District	1	12	36	48

Sl	ToT/Training/Orientation/Workshop name	Training category	Training Type	Level of training	Duration (day)	Number of participants		
						Male	Female	Total
38	Refresher Orientation on eMIS	MIS	Refresher Training/ Orientation	District	3	16	0	16
39	Refresher Orientation on eMIS	MIS	Refresher Training/ Orientation	Upazila	1	74	362	436
40	Refresher Orientation on PRS	General	Refresher Training/ Orientation	Community	1	5	58	63
41	ToT on 5S	QoC	ToT	National	2	1	1	2
42	TOT on basic MNC Package	MNC	ToT	National	4	7	10	17
43	ToT on Comprehensive Newborn Care Package (CNCP) for union level provider	MNC	ToT	National	5	16	4	20
44	Training at District Level on DGFP DHIS-2	MIS	Training	District	2	19	12	31
45	Training for Private CSBA (Yet not completed)	MNC	Training	National	180	0	20	20
46	Training of UH&FWC Management Committee	General	Training	Union	1	137	65	202
47	Training of UH&FWC Management Committee	General	Training	Union	2	128	149	277
48	Training on 5S	QoC	Training	District	1	36	111	147
49	Training on Community Clinic Management Committee	General	Training	Community	1	20	17	37
50	Training on COVID-19 Infection Prevention and Control (IPC)	Clinical/ Technical	Training	District	1	133	218	351
51	Training on Data Quality Check for DGFP Statistician	MIS	Training	District	1	74	41	115
52	Training on DGHS - eLMIS	General	ToT	District	1	5	1	6
53	Training on DGHS - eLMIS	General	Training	Upazila	1	68	69	137
54	Training on Infection Prevention and Control (IPC)	Clinical/ Technical	Training	District / Upazila	1	46	19	65
55	Training on Midwifery Skills for FWVs	MNC	Training	National	180	0	36	36
56	Training on PPFP focusing on PPIUCD (for FWV)	MNC	Training	National	6	0	12	12

Sl	ToT/Training/Orientation/Workshop name	Training category	Training Type	Level of training	Duration (day)	Number of participants		
						Male	Female	Total
57	Training on PPFP focusing on PPIUCD (for Midwives)	MNC	Training	National	12	0	12	12
58	Training on UHE&FP Standing Committee	General	Training	Union	1	142	73	215
59	Training on UHE&FP Standing Committee	General	Training	Union	2	22	10	32
60	Union Development Coordination Committee (UDCC) Orientation	General	Orientation	Union	1	119	49	168
61	Workshop with all NGOs on MNH Service	MNC	Workshop/ Meeting	District	1	16	6	22
					TOTAL	3,339	3,375	6,714

Annex C: Case study and success story

Local changemaker strives to improve maternal and newborn health services at Hatiya island

Hatiya upazila is an island situated in Noakhali District with a population of over 580,000 people. Among these, around 230,500 people from four unions live in hard-to-reach areas. Hatiya is located near the mouth of the Meghna River, which divides the upazila into two parts. The main part of the upazila is isolated from not only the upazila headquarters in the district town, but also from the rest of Bangladesh. If people wanted to go to the main town or to any other part of Bangladesh for emergency health care or any other needs, they had to riskily cross Meghna River or the Bay of Bengal. This resulted in many mothers dying on the way to get emergency health or delivery care.

However, this scenario changed rapidly over the last few years. The changes began in 2015 with facilitation and technical support of the MaMoni HSS project, in coordination and collaboration with the department of Health and Family Planning and the overall support and cooperation of local government. Since 2018, MaMoni's new phase, USAID's MaMoni Maternal and Newborn Care Strengthening Project (MaMoni MNCSP), has continued this role.

The following initiatives were taken by MaMoni MNCSP to further improve the service situation in Hatiya:

- *Constructive discussion and planning in the hospital management committee meeting*
- *Coordination with municipality/pourashava for waste management*
- *Steps to prevent illegal intruders in hospital area with the participation of local administration and public representative*
- *Joint supervisory visits*
- *Identifying gaps in processes, quick decision-making and problem solving*
- *Installing deep tube-wells and solar panel for ensuring uninterrupted power and water supply*
- *Regularization of bi-monthly UHC and UH&FWC management committee meetings*
- *Introducing health issues in the upazila development committee meetings*
- *Ensuring emergency medicine supply through local government and community engagement*
- *Public representative's participation on social mobilization to increase facility deliveries, antenatal and postnatal services*

The journey of change was led by Hatiya's Upazila Chairman, Mahbub Morshed, with the aim of ensuring improvements in maternal and child health; and developing the island as a self-dependent upazila for these services. During the MaMoni HSS phase, the Health and Family Planning department and local government bodies introduced caesarean deliveries in the Upazila Health Complex (UHC) by employing a surgeon. After the MaMoni MNCSP phase began, as of September this year, seven Union Health and Family Welfare Centers (UH&FWC) have been upgraded to have round-the-clock normal vaginal delivery service centers.

From April 2015 to September 2020, the UHC conducted 408 normal vaginal deliveries and 121 caesarean deliveries. Due to the geographical location of Hatiya upazila, most of the mothers and children went to the UHC for healthcare services. In 2020, the normal delivery service centers at UH&FWCs conducted an average of 190 to 200 safe deliveries

per month. Even during the COVID-19 pandemic, delivery performance of these facilities has not decreased, with 1,444 deliveries from January to August 2020, a great jump since 2016's total of 464 deliveries.

These significant achievements are the result of collaboration and cooperation of the government's Health and Family Planning departments, local government and the MaMoni project toward developing their maternal and child health care service system. To handle the pressure of the pandemic, the Upazila Parishad Chairman provided additional monetary support to develop the isolation unit at the UHC and purchase of medicine for emergency services.

Mahbub Morshed speaks at a launching of 24/7 normal delivery services at a union level facility.

Photo credit: Save the Children

Seeing his efforts taking flight so successfully even after all these years, Mahbub Morshed reflects, "I have committed to ensure that no mother should die due to delivery-related complicacy at Hatiya upazila, and at the same time, every birth will be safe and be a cause for celebration, not sadness."

Dr. Amina: A pioneer for quality antenatal care at Rajoir Upazila Health Complex

For the last 10 years, Dr. Amina Nusrat Jahan has been working as a Medical Officer of Rajoir Upazila Health Complex (UHC) in Madaripur. She is specially trained on emergency obstetric and newborn care (EmONC). She received training on Quality Improvement (QI) basics and Improvement Science in Action (ISIA) by USAID's MaMoni Maternal and Newborn Care Strengthening Project (MaMoni MNCSP), through which she was sensitized toward bringing a positive change in her health facility through the scientific approaches of Models for Improvement (MFI).[16]

Dr. Amina provided on-the-spot training to the mutlipurpose health volunteers how to measure Hb percentage and urine albumin, which is a prerequisite of ensuring quality ANC. Photo credit: Save the Children

After the training, Dr. Amina closely worked with the Upazila Health and Family Planning Officer (UH&FPO), Upazila Family Planning Officer (UFPO), Medical Officer and nurses to improve the quality of antenatal care (ANC) services provided at the health facility. In this regard, she applied her knowledge and skills to identify gaps using a fishbone analysis and establish goals accordingly. She found that quality ANC was not provided because service providers (like herself) had no knowledge or operational definition of quality ANC. In addition, the pathology laboratory was defunct because the lab technician was on government-sanctioned study leave.

Fueled by the knowledge gained during the QI and ISIA trainings, Dr. Amina provided on-the-job training and coaching for the service providers on the basics of quality ANC. By understanding what quality ANC is and how it should be provided, the service providers became motivated to provide better service. In a quality improvement meeting, it was decided that the pathology laboratory would not be fully restarted; only a few services would be provided, such as the easy-to-use rapid Hemoglobin and urine albumin tests.[17] Four multipurpose health volunteers were trained to carry out these tests. This way, the tests were efficiently and effectively done in-house by procuring necessary materials and reagents.

As a result of the quality improvement training, subsequent hospital management decisions, lab improvements, and proactive leadership and facilitation of MaMoni MNCSP, Rajoir UHC made

[16] Model for Improvement (MFI) is the methodology to improve the Quality of Care by answering three questions: 1) What are we trying to accomplish? 2) How will we know the change is an improvement? 3)What changes can we make that will result in improvement? and run Plan-Do-Check-Act cycle (PDCA). Rajoir UHC adopted the Fishbone Analysis for gap identification and set a SMART aim statement and change ideas for improvement.

[17] Hemoglobin (Hb) percentage is tested by using blood lancets and Tallquist books. Urine albumin tests are carried out by Uristix strips.

significant improvements to increase quality ANC. Starting with a baseline of 0% in quality ANC[18] in December 2019, after the improvement initiatives, the quality ANC percentage reached an average of 50% by mid-March 2020. However, after the COVID-19 pandemic struck, the rate dropped to an average of 25%, as mothers feared going for lab tests, and multipurpose volunteers were not always available due to the lockdown. The MaMoni MNCSP project advocated to Dr. Amina to encourage all to fully start quality ANC services again. She was successful, and slowly the quality ANC rate increased from May 2020 and reached an average of 78% by August this year.

"Earlier we had to go to other facilities for blood and urine tests, but now we can do it inside [the Rajoir UHC] at a minimum cost," said a UHC patient. "Besides the quality of service, behavior of service providers and overall cleanliness of this center is very satisfactory."

Reflecting over the last few months, Dr. Amina said, "We had all agreed that we would solve the issues within our existing resources. We were able to do that, and it has meaningfully improved the working environment, patient satisfaction, quantity of service coverage and boosted overall motivation of the service providers."

[18] Here the percentage is provided as quality ANC against the total ANC services utilization. Quality ANC includes recording of four components (weight, blood pressure, Hemoglobin and urine albumin). In August, Rajoir UHC provided a total of 80 ANC services out of which 62 had completed all four components, thus 78% quality ANC.

Kangaroo Mother Care services continue to improve at Lakshmipur District Hospital despite COVID-19 pandemic

In Lakshmipur District Hospital, the pediatric consultant and senior staff nurse play a vital role in providing necessary services and guidance to mothers for keeping their babies safe while receiving Kangaroo Mother Care (KMC). However, with the onset of the pandemic this year, patient flow to the hospital decreased as the people feared getting infected with COVID-19. The hospital management knew that babies born prematurely and with low birthweight would not survive home care during this difficult time. It was understood that the hospital would have to provide top-notch services in order convince parents to keep their premature babies at the hospital and receive KMC.

Senior Staff Nurse guides a mother on how to give KMC to her baby. Photo credit: Save the Children

MaMoni MNCSP continued coordinating with the respective pediatric consultant and service providers stationed in the labor ward, nurses station, emergency, pediatric ward and SCANU to orient them on inclusion of KMC criteria and advocate to identify KMC cases. The project also provided orientation on the KMC package to field staff, and formal training to the KMC nurse in-charge.

In addition, MaMoni MNCSP advocated during meetings that there is a need for a positive environment to provide KMC, or a "KMC corner" to encourage parents to learn and use the practice. As a result, the dedicated doctors and nurses continued coordination with the SCANU, the child and labor wards, and emergency to screen babies as per KMC criteria and identify cases. They then provided counselling to the guardians and advised them to admit their babies in the KMC corner and help save their babies from this life-threating condition. Most of the time, they were successful.

The service providers at the district hospital were equally committed to their responsibilities to keep KMC services ongoing. They rigorously followed up with new mothers through mobile phone calls and ensured that they came to the hospital, and their newborns received medical treatment and advice from a pediatric consultant as needed. The service providers would make one follow-up call each month (for the first four months) to each mother, and it was found that usually the third and fourth follow-up calls were not needed as the child would recover by then.

This process continued throughout the pandemic, and Lakshmipur District Hospital provided KMC service to 115 babies during October 2019 to September 2020.

A mother named Fatema, from Char Ruhita village in Sadar upazila, Lakshmipur shared her experience. "Our baby was underweight (1,685 grams) when he was born in this hospital. The doctors and nurses counselled me about the KMC service and its benefits. We decided to receive KMC service as per the counselling and after getting five days KMC our baby is better now (1,700 grams) than when he was born. We got KMC dress and training from this hospital so we will continue KMC service in our house as per the nurse's advice. We're so grateful to have learned about KMC. It can really help underweight babies survive."

Dr. Md. Murshad Alom, the Senior Pediatric Consultant at Lakshmipur district hospital said, "In the pandemic situation, KMC patient flow increased due to effective counselling and continuous

follow-up to the mother. Additionally, coordination between labor room, child ward, emergency and female ward regarding KMC service and advocacy regarding the benefits was a true driving force."

Annex D: Family Planning and Protecting Life in Global Health Assistance compliance

MaMoni MNCSP is committed to comply with US abortion and FP related statutory and policy requirements and Protecting Life in Global Health Assistance (PLGHA) policy. Project developed a detail guideline on how the project plans to ensure compliance to the policies and requirements by project staff and partners.

In Y3, MaMoni MNCSP continued to aware the project staff including partners and government managers and service providers on FP compliance issues and project's compliance to PLGHA policy though orientations and regular refreshers.

All FP compliance focal persons (27) at region and district levels and representatives of thematic team oriented on 'Guideline on Compliance to US Abortion and Family Planning Requirements and Protecting Life in Global Health Assistance Policy' to develop a common understanding regarding the policies and their roles and responsibilities. They also received annual refreshers for 2020 on PLGHA and US abortion and FP related statutory and policy requirements.

Part of USAID's mandatory requirement all MaMoni MNCSP project and shared staff (319) completed the two online courses namely 'US Abortion and FP Requirements - 2020' and 'Protecting Life in Global Health Assistance and Statutory Abortion Restrictions-2020 '. They also received annual refreshers for 2020 on PLGHA and US abortion and FP related statutory and policy requirements.

A total of 2,981 GOB managers, service providers and frontline workers (Deputy Director-FP, ADCC, Upazila Family Planning Officer, MO-MCHFP, SCAMO, FWV, FPI and FWA) were provided orientation/refreshers on FP compliance. These orientation/refreshers were provided by regional and district focal points during monthly meetings and UH&FWC management guideline orientation

Documentation of compliance capacity building and monitoring activities were ensured at central, regional and district offices. Availability of Tiahrt Banner was ensured at the facilities in project districts.

Annual PLGHA compliance monitoring visit of three implementing partners NGOs (PSKS, DASCOH and Shimantik) done. Monitoring visit of the remaining PNGOs, PHD, ESDO and RIC, were planned but couldn't be completed due to the COVID-19 pandemic. Visits will be completed in the next quarter.

Th project conducted 986 compliance monitoring visits using the FP Compliance checklist at different level facilities - UHCs, MCWCs and UH&FWsC. Key findings were some service providers were reluctant to use a job aid during counseling for FP services and in some facilities, service documentations were found not updated. Project staff provided on-site orientation to the respective service providers on the compliance issues and supported and encouraged them to keep the records updated.

Annex E: Environmental monitoring and mitigation plan (EMMP)

Capacity building

In the reporting year focal persons were selected for 10 districts for EMMP monitoring and reporting. A detailed reporting guideline was developed. A total of 13 MIS staff from regions and district were oriented of basics of EMMP monitoring and reporting.

The project supported for the capacity building for the health service providers of district, sub-district and below levels on different aspects of COVID-19 to continue and provide MNC service by managing the COVID-19 situation. MaMoni provided training to the health service providers on infection, prevention and control, triage, sanitization, use of personal protection equipment, maintaining social distance and so on. MaMoni also orientated all the project and partner staffs on the safety measure for COVID-19.

After the countrywide lockdown situation imposed by the government of Bangladesh, MaMoni MNCSP took initiative to develop web based training modules to create an environment of distance learning for all level of health service providers and provided training to the health service providers using this online platform. During this lockdown situation SCI management also decided to work-from-home for the safety and security of all staffs. The project used different online application for meeting, training, orientation and dissemination of information to different level of staffs and service providers to provide support to MOHFW for continuing MNC.

Procurement and disposal of equipment and supplies

Save the children has comprehensive policy on procurement. There is structured process to select vendors. There is a policy to provide terms of references for the vendors for procurements. In the reporting year there is no such major procurement took place that could need attention for environment issues.

Construction and renovation of facilities

MaMoni MNCSP is continuously advocating and facilitating local government to utilize LG fund for the repair and maintenance of community level health facilities to improve the quality of health services. In the reporting year, MaMoni MNCSP continued its facilitation role with LGI to ensure quality MNC service to the community. Major types of repair and maintenance in reporting year were:

- Paintings and fittings work for floors and toilets
- Tube well installation
- Renovation of facility approach road
- Fixing of boundary wall of facilities
- Fencing of facility
- Water pump installation
- Installation of dumping pit

The mentioned works were not directly managed by the project, but the project facilitated to take several environmental mitigation initiatives, which were:

- Informed the providers as well as the workers to avoid any hazard for the patients as well as the surrounding environments.
- During fixing of boundary walls and dumping pits, materials placed safe distance from facility and ensured safety of service receiver and providers.
- Ensured water spray by the workers to protect from dusts
- Deposited debris in a selected and isolated place to protect against contamination of the surrounding water bodies and vegetation.
- Plastic covers were used to protect from dust during painting works.
- Ensured PPE for electric works and others

Water sanitation and hygiene (WASH)

During the reporting year, two hand washing facilities were established in front of emergent gate in Chhagalnaiya UHC in Feni district. Running water facilities have been introduced in the hand washing station. With the facilitation of MaMoni, the hospital authority covered the total cost of BDT. 40000. Measures were taken to mitigate environmental hazard during construction:

- Water drainage has been connected with the hospital central sewerage system that is connected with municipality sewerage system.

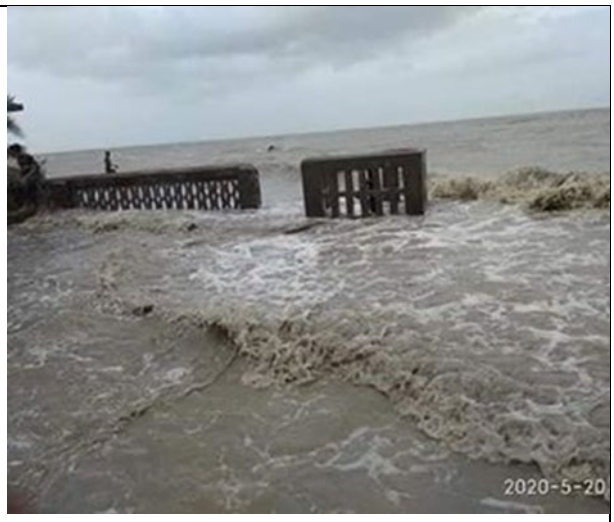
Medical waste management

In Feni district, Chhagalnaiya UHC had no dustbin. Used material and medical waste were dumped randomly in the open field. With the facilitation of MaMoni MNCSP, the UHFPO raised the issue with the Mayor of Municipality. Realizing the issue, the Mayor sanctioned a grant from the allotted maternal and newborn health budget. Later on, a 6' X 5' dustbin has been built using 75000 BDT and all garbage are dumped here and the Municipality collects the garbage from the bin every day. Measures taken to mitigate environmental hazard during construction:

- Dustbin pavement has been built with enough height to maintain the level of the dump
- Spillage will not pass through the wall
- Water point is 25 feet (approx.) away from the dustbin

Super cyclone "Amphan"

During the reporting year, super cyclone Amphan hit different parts of Bangladesh. It had a big effect on the agriculture, environment, health, hygiene and so on. The cyclone hit MaMoni districts as well, particularly Noakhali and Lakshmipur, which are situated in the south-east part of Bangladesh. During the preparedness stage from the beginning of Amphan, MaMoni MNCSP started creating awareness among the health service providers and community leaders for the safety and security. as well as to avoid the environmental hazards within the project-supported districts.

Cyclone affected area in Hatiya, Noakhali District

Responding COVID-19 pandemic

As the COVID-19 pandemic spread across the world, it has also affected Bangladesh. Considering the current situation, the government ensured hand washing facilities for almost all facilities. MaMoni MNCSP responded to the COVID-19 situation in various ways. MaMoni MNCSP supported MOH&FW for creating awareness and building the capacity of health service providers in relation to providing MNC services during the COVID-19 situation.

The staff were strongly advised to maintain social distance and other measures guided by WHO. Most of the staff during this situation were working from home, unless they were directly involved in critical service delivery.

Measures in health facility during COVID-19

Training on COVID-19 clinical management

Annex F: Outcome of the decentralized planning workshop

District	Outcome of workshop
Brahmanbaria	• Construction of placenta dumping pit in the Charchartola UH&FWC. Organized UH&FWC management committee meeting and Union follow up meeting regularly. Renovated delivery room and purchased Inj. Oxytocin locally to ensure AMTSL. Also ensured 100% use of partograph. • Construction of approach road with iron gate for safe, easy and smooth transportation of clients to Volakut UH&FWC. • Union Parishad (UP) contributed to facility readiness in Biddacoat and Talshahar UH&FWC. Chairperson of the Upazila Parishad committed to allocate fund to construct placenta dumping pit. Also committed to purchase Inj. Oxytocin, Inj. Mgso4, chair for waiting clients, IPS /Generator back-up at NVD room, freeze, CC camera &and 43 inch television for monitoring by CC Camera in Ashuganj Upazila Health complex.
Chandpur	• LG installed deep tube well and mini dumping pit, supplied Oxytocin and set tiles in washroom • Utilization of MNC services, especially NVD increased from 05-20/month on an average.
Faridpur	• Upazila and Union parishad of Madhukhali and Nakarkanda upazila provided solar panel, ANC table, Almira, temporary Aya, dumping pit, tube well and constructed approach road to the facility in 12 facilities in Faridpur (3 UHCs and 9 UHFWCs).
Feni	• Constructed dumping pit for waste management at outside of the facility, partial boundary wall and earth filling in Bogadana UH&FWC at Sonagazi upazila.
Habiganj	• LG oversee and visit frequently the UH&FWCs, look after performance and assess need through UH&FWC management committee meeting. As a result, facilities are maintaining project set criteria for 24/7 facility. Utilization of MNCH and normal delivery services are also increasing. • Sadar Upazila Parishad recruited 3 Midwives, 8 Aya and 10 Night Guard. Others Upazila Parishad agreed to provide additional cleaner, support staff and UH&FPO agreed to arrange separate toilet & sitting arrangement for the clients in ANC corner. Project is following up with the respected authorities. • LG provided different logistics and equipment. Also ensured minor repairing, boundary wall, approach road, tube well for drinking water, paid electric bill and managed fund for emergency medicine purchase.
Kushtia	• Upazila and Union parishad of Mirpur and Bharamara upazila provided dumping pit, boundary wall, hand washing facility, establish flu corner and logistics for separate labor and ANC room for Covid-19 suspects in 5 facilities (DH, Bheramara UHC, and 3 UHFWCs).
Lakshmipur	• Respective Union Parishads provided 4 stroke transport (CNG) to the Chargazi UH&FWC of Ramgati Upazila and Char Folkon UH&FWC of Kamalnagar Upazila for emergency management support.
Madaipur	• Upazila Parishad, Union parishad and Municipality provided a community ambulance, one air conditioner for labor room, salary for 2 cleaners, solar panel, saline stand, curtains and essential drugs in 5 UHFWCs in Madaripur.
Manikganj	• Functioning UH&FWC Management committees and conducting meeting regularly, members of the committees visiting the facilities frequently and providing need-based supports. • Ensured availability of all SOPs, Job aids, guidelines, materials, 7.1% chlorohexidine, oxytocin and emergency kits. • Local government supported to ensure facility readiness. Approach road to the center is repaired and boundary wall is constructed in Arua UH&FWC. Inside of the boundary is cleaned. New pregnancy registration is Increased. • Started ANC/PNC and adolescent corner in the MCWC. • All doors, windows and grill of all rooms repaired in Hatiapara UH&FWC. Color coating done and curtain is placed in all doors and windows. Hatipara union parishad provided one fridge, one oxygen cylinder, four ceiling fans, five LED lights and ten plastic chairs. Collected two BP

District	Outcome of workshop
	machines and two stethoscopes from the upazila store. FP department deployed one aya for the facility.
Noakhali	• LG supported whole facility repairing, painting and tiles fitting in delivery room and toilet at the Musapur UH&FWC in Companiganj. Also ensured seating arrangement in waiting room, approach road, ceiling fan, repair if electricity lines and water supply in the facility. • LG installed solar panel system, constructed approach rood, established deep tube well, renovated water supply system, repaired electric wiring and constructed dumping pit for waste management at Burir Char UH&FWC in Hatiya. • Senbag Upazila Parishad provided essential furniture (2 Arms Chair and 02 secretariat tables), ceiling fan and fixed new door and repaired electric line at Kabilpur UH&FWC

Annex G: Key findings and actions taken through joint supervision

District	Facility	Findings	Action taken
Brahmanbaria	Charchartala UH&FWC, Ashuganj	Inj. Oxytocin not available	MOH Managers purchased 30 Inj. Oxytocin locally
	Sarifpur UP, Ashuganj	Lack of toilet facility, IFA supply is not available in SDP	MaMoni MNCSP facilitated to ensure attached bathroom with service provider's room in Sarifpur Union parishad and ensured 3,000 IFA tablets to all the FWAs in Ashuganj upazila
	Rasullabad UH&FWC, Nabinagar	EDD List, PW list and display board was not updated Autoclave machine, Placenta Dumping Pit, Waste Disposal Pit, Color coded waste bins were not not available to ensure Infection Prevention (IP)	• MOH managers instructed to update PW & EDD list then monitored in monthly meeting. Also initiated construction of Placenta Dumping Pit & Waste Disposal Pit and to purchase Color Coded Bin for IP
	Biddyakut UH&FWC, Nabinagar	• No physical examination bed, • No ANC card, Register, DDs Kit, IEC materials	MaMoni MNCSP has facilitated to ensure 500 ANC cards, 5 ANC Register, 2 satellite kit & DDS kit, BCC posters, saline stand & 2 PNC registers from Upazila Family planning store.
	Fandauk UH&FWC, Nasirnagar	FWV did not entry tab satellite clinic service data FWV did not maintain satellite schedule	UFPO instructed to entry all service data in tab. Advice FWV to continuous update Pregnant & EDD mother list. UFPO instructed to minimize all gaps of register and to ensure satellite sessions regularly

District	Facility	Findings	Action taken
		Pregnant & EDD mother list was not updated Data entry gap in register	
	Kunda UH&FWC, Nasirnagar	Blood hemoglobin test kit, albumin test kit, test tube, IEC materials were not in the facility. Data entry in TAB was not up to date. Facility was not clean.	Ensured those items from Upazila Family Planning Store and LG support with MaMoni Facilitation
Chandpur	Dakkhin Hajigonj UH&FWC	Register is not up to mark	advised to fill up register properly
	Uttar Algi UH&FWC, Haimchar	Autoclave machine was not functioning and didn't autoclave regularly	Committed to repair or supply autoclave machine
Faridpur	UH&FWC	Lack of service provider's knowledge about record keeping in MNC register. EDD list wasn't updated properly. Reporting error was between hard copy and online report. Service provider didn't follow-up the	Managers provided hands on support to the service provider on record keeping in MNC register and instructed to update EDD list and to follow up regularly to increase delivery. Provide support to equip labor room. Ensure logistics in labor room from upazila store. Also instructed to conduct satellite sessions properly and more functioning.

District	Facility	Findings	Action taken
		ANC and EDD mothers. Labor room wasn't not well equipped. Satellite sessions weren't conducted properly	
	UHC	ANC/PNC room was not well equipped with necessary logistics Lack of cleanliness and readiness of ANC/PNC room and labor room Register is not properly maintained as per guideline Partograph board and sheet isn't used as per protocol Report isn't submitted timely	Provided hands on support to equip the ANC/PNC room with necessary logistics Managers provided instruction to ensure cleanliness and readiness of ANC/PNC, labor room. Provided hands on support to maintain register properly. Also provided instruction to use Partograph board and sheet. Provided necessary instruction for timely report submission.
Habiganj	Badalpur UH&FWC, Ajmiriganj	MgSO4 supply from DGFP was not available	Facilitated LG to provide MgSO4. Advocacy with GoB managers to purchase MgSO4
	Snanghat UH&FWC, Bahubal	Albumin kit supply are not available	Set indent to warehouse and facilitated LG to provide ANC logistics

District	Facility	Findings	Action taken
		Referral slip was not used	
	Karab UH&FWC, Lakhai	Partograph paper was not available, EDD list was not updated with Mobile number, dumping pit was blocked, there was no MgSO4.	Provided partograph papers. LG initiated to clean dumping pit and provided emergency medicine.
Kushtia	DH	IP and waste management system at the labor room, SCANU, KMC room and ANC/PNC corner was poor. Some instruments in the SCANU became nonfunctioning. DH was overcrowded.	Improved IP and waste management system at labor room, SCANU, KMC room and ANC/PNC corner. Repaired instruments of the SCANU. It was decided to run SCANU and KMC units by trained SSN and labor room by Midwives. The trained persons of SCANU and labor room were restricted from inclusion in duty roster of another unit. Separate ANC/PNC room ensured at the outdoor of DH and separate bed for female ensured at emergency room maintaining privacy with curtain. Improved crowd management system from 9 am to 12 noon. Ensured ANC/PNC room and Labor room for suspected or confirmed COVID-19 pregnant women.
	Poradaha UH&FWC	Needs to ensure gloves and flipchart and albumin Kit & hemoglobin kit ensured at Poradaha UH&FWC, Mirpur	Gloves and flipchart and albumin kit & hemoglobin kit ensured at Poradaha & Talbaria UH&FWC, Mirpur Dumping pit installed at UH&FWC Ensured color coded bin with lid at all facilities. Dumping pit installed at UH&FWC

District	Facility	Findings	Action taken
			Pit under the boundary wall of Poradaha UH&FWC are filled-up
	Talbaria UH&FWC	Needs to ensure Gloves and flipchart and albumin Kit & hemoglobin kit ensured at Talbaria UH&FWC, Mirpur	Gloves and flipchart, albumin kit & hemoglobin kit ensured at Talbaria UH&FWC, Mirpur
Lakshmipur	Char Gaji UH&FWC	OT light, BP machine and Stethoscope was not available at the facility	Ensured availability
	Barakheri UH&FWC	Weight machine was not available in facility	Ensured weight machine
	Ramgati UHC	Partograph was not used properly	Ensured proper use of Partograph
Madaipur	Gopalpur UH&FWC	Less number of ANC	Emphasized on proper counseling and EDD tracking.
	Shikarmangal UH&FWC	Less number of PPFP, regular record keeping in register.	Emphasized on regular register update, counseling for PPFP and use of Tiahrt banner for PF Counselling.
	Dasar UH&FWC	Record keeping in the MNC register, Less number of ANC and PPFP	Provided hands on demonstration to fill up the MNC register, discussed this matter with the UH&FWC Management Committee. Emphasized on regular maintenance of stock register, EDD tracking and appropriate counselling during ANC

District	Facility	Findings	Action taken
Manikganj	Jaigir UH&FWC	Registers were partially filled up and Facility was not clean	Provide feedback and advice to FPI and SACMO to perform responsibilities properly and to keep the facility clean as per direction.
	Hatipara UH&FWC	Oxygen cylinder was not in stand, facility was not clean and job aid was not found	MO-MCH provided necessary feedback to the FWV and instantly cleaned the room and set up oxygen cylinder with stand.
	Bhararia UH&FWC	Didn't use the IEC materials and referral slip. FPI didn't provide weekly sepsis surveillance report to SACMO	Provided feedback and advice to FPI and SACMO to perform responsibilities properly and keep the facility clean as per direction.
Noakhali	Soanaimuri UHC	Lack of IMC register at UHC	Ensured the register from UHC store
	Senbagh UHC	Lack of KMC Register	Already ensured the register from UHC store of Soanaimuri
	Mohammadpur UH&FWC, Senbagh	Lack of newborn resuscitation bag and mask	FP office provided bag and mask at the UH&FWC
	Musapur UH&FWC, Companiganj	Shortage of MgSO4	LG provided MgSO4 to the UH&FWC

Annex H: Stock out management of essential medicine

What was done to manage stock out	Medicine/commodities with amount
Facilitated supply from RWH to UHC store (DGFP)	Tab. Iron Folic Acid (IFA) (3,50,000), (Tab. Misoprostol (2100 doses), Oral pill Apon (7200 cycle), Implant (200 Set), DMPA (1000), Tab. Iron IFA) (94000), Implant (2rod)(1) Oral Pill (21600),Condom (18000), IUD (150), Delivery Kit (10), DDS kit (15), Disposal syringe (500), Iodine solution (200), Gloves (750), Talquist Book (2), Blood Lancet (200), Pregnancy test kit (200) , Tab. Metronidazole (400 MG)-25300 Pcs, Oral pill sukhi (3rd generation) (4800 Cycle), Inj. Gentamicin (80MG) (66), Tab. Falic Acid (5MG)(1000). Inj. Pethidine-100, Pregnancy test Kit –1200, Sanitary Napkin/Pad-150 Supply of health commodities for facility readiness as per need: delivery table, delivery kit, cat guard, OT light, electric sucker machine, BP machine, spotlight, oxygen cylinder, instrument trolley, gum boot, weight machine and stethoscope
Facilitated supply from UHC store, DGFP to SDP(DGFP)	labor table (3), bed for post labor room (1), bed side cabinet (2), spot light (1), weight machine (3), DDS Kit(50), Delivery kit(10), ANC card(550), Tab. Iron(15000), Folic Acid (5000) ,ANC register(15), BP Stethoscope (4), PPE(15), Gloves(100) & Mask (15) , Condom(7200 pcs), Oral pill Shukhi(7200 cycle),IUD CT(380A)(100 pcs,) Inj. DMPA(500 vial)s
Redistribution from SDP to SDP (DGFP)	Patient examination bed (1)
Facilitated supply from CS store to UHC store (DGHS)	Cap. Amoxicillin 500mg-2100, Amoxicillin DT-250 mg (9000), Inj. Gentamicin 20mg/2ml (1800), Tab. Metronidazole (12500), Tab.Cipro A 500 mg (3500), Inj. ACS/ Dexamethasone (300), Inj. Cephradine 1mg (200,) Sulbutamol Nebulizer solution (1) , three carton IEC materials(Safkatha Flip chart, Safkatha brushier & Safkatha). Inj. Bupivacaine 2.5 mg/ml (500), Inj. Ephedrine 25mg/5ml (300), Tab. Domperidone 10mg (1000), Neonatal weighing scale (1), Nebulizer machine (01), Ultrasonography machine (1), Inj. Oxytocin (100), Blood transfusion set (20), Tab IFA (52,000), ORS(1000),5% DNS(100),Hartman(150),Hand sanitizer 200ml (45) ,Hexisol- hand rub-50ml(45),Hexisol 250 ml(45),KN 95 Mask(150 pieces)
Facilitated supply from CMSD/EDCL to UHC(DGHS)	Tab. Furosemide, Salbutamol respirator solutions for use in nebulizer(589): and Amoxicillin Suspension(125mg)(30 set) Bag and Mask, ANC/PNC card(500copies), Inj. Gentamycin (20mg/2ml)(100), Tablet IFA (10,000) ,
Facilitated supply from CS store to District Hospital (DGHS)	5 MNC register, 1 set Bag and Mask, BP & Stethoscope (1)
Facilitated supply from CS store (DGHS) to private hospital.	One ANC and 1 PNC register (collected from CS office and delivered to islami Bank Hospital, Manikganj)
Facilitated supply from DGHS to DGFP facility	Inj. Oxytocin (1000),7.1% Chlorhexidine 18600
Facilitated supply from DGFP to DGHS facility	Inj. Pethidine (100)
Facilitated local level procurement by CS, UHFPO, Hospital Superintendent/ RMO(DH)	Tab. Metronidazole 400mg (500), Inj. Gentamicin 20mg/2ml (100 Amp), Inj. Gentamicin 80mg/2ml (200 Amp)

Annex I: QIC meeting status: percentage of QIC meetings held in MaMoni MNCSP districts

District	District QIC meeting		District Hospital QIC meeting		Upazila QIC meeting		UHC QIC meeting	
	2019	2020	2019	2020	2019	2020	2019	2020
Brahmanbaria	0	0	8	17	6	6	8	25
Chandpur	8	8	8	17	22	58	22	58
Faridpur	33	0	58	17	100	56	67	50
Feni	50	33	50	33	50	78	50	83
Habiganj	0	8	42	58	9	8	40	33
Kushtia	100	50	83	50	100	83	100	83
Lakshmipur	0	25	67	83	50	65	54	65
Madaripur	17	17	25	25	17	28	17	31
Manikganj	0	8	33	25	0	0	21	17
Noakhali	8	0	25	17	17	21	15	25
Total	12	13	37	34	23	33	29	39

Source: Project QMIS report

Annex J: Operational definitions of quality improvement bundles

Quality ANC

The proportion of women who attended antenatal visits at the facility (and/or at the satellite), irrespective of the age of gestation, which was with a medical provider, and who received tracer elements of care for her pregnancy which includes (i) weight, (ii) blood pressure measurement, (iii) hemoglobin percentage measurement and (iv) urine albumin measurement.

Correct partograph use

Correct partograph use comprises of:

- The partograph is duly plotted as per protocol for eligible (woman with true labor pain with 4 cm cervical dilatation and not yet decided for cesarean section) deliveries
- Interpreted correctly for next course of actions

Quality PNC

The proportion of women who attended postnatal visits just after birth and for the first 6 weeks/ 42 days after birth , which was with a medical provider, and who received all tracer elements of care after delivery which includes : (i) H/o danger signs in mother, (i) H/o danger signs in newborn (iii) Blood pressure measurement (iv) Hb% test (v) Examine breasts to exclude any complication (vi) Counseling for maternal danger sign and post-partum family planning (vii) Iron supplementation for mother.

Quality ENC

The proportion of newborn at the facility who received all tracer elements of care after delivery which includes: (i) drying & wrapping within 0-4 minutes of birth (ii) application of 7.1% chlorhexidine onto umbilical cord (iii) skin to skin contact and (iv) Initiation of breastfeeding within 1 hour of birth.

Annex K: Media coverage and communication materials produced

I. List of communication materials produced in FY2020

Information, Education and Communication	SBCC/trainings/job aids/protocols	Others
MaMoni MNCSP Quarterly Newsletter (English and Bangla)	Newborn Feeding Chart design	National Newborn Health Bulletin, Volume 5 Issue 1
'Preterm Birth Awareness and Prevention' Video Link: https://www.facebook.com/watch/?v=556416938540658	QIS Safe Surgery Checklist Video (under QI)	National Newborn Health Bulletin Volume 4 Issue 2
Design of 5 posters (5 Moments for Hand Hygiene, Building Awareness of Antibiotic Resistance, Clean Care for All, Fight Antibiotic Resistance and Without Antibiotics)	Design and adaptation of Poster on PPH and eclampsia management algorithm (ANC Protocol, Flow chart Pre-eclampsia and Eclampsia, PPH Management Algorithm, Protocol Diagnosis of Labor, Protocol Examining Pregnant Mother, Signal Functions for PPH and Eclampsia and Supportive Care During Labor and Childbirth)	Design of Floor Map for QI (Manikganj, Madaripur and Feni)
Design Poster for Presentation (Accelerate reduction in newborn and child mortality towards achieving SDG 2030 Bangladesh)	Certificate for Improvement Science in Action (ISIA) workshop	Designed Business Cards for SCI Team in QIS
World Prematurity Day printed materials (Saf Kotha Flip Chart, Inclusion Criteria KMC, KMC Booklet, KMC Poster)	Certificate for Improvement Coach Workshop 2	Spearheaded development of BSQua Communication Strategy
Revised MaMoni Presentation Template with updated partner logos	Poster: Criteria for Discharge of KMC Cases	Design of IPH Liaison Office signboard
Presentation (PSBI_National Workshop)	QI Essential Diagram	International Mother Language Day Facebook post design
eMIS brochure, poster and x-banner for CHW Symposium	Comprehensive EmONC Toolkit – Patient Pathway design	International Women's Day Facebook post design
mHealth Pamphlet in English	Poster – Autoclaving instruments	COVID-19 awareness post design for Facebook page
MaMoni Calendar 2020 and envelopes	Poster – Boiling instruments	Wooden Suggestion Box design
QIS Calendar 2020 and envelope	Poster – Cleaning instruments	Facebook post: World Health Day 2020 design
Signboard for Nilkomol Union Clinic	KMC Poster design	Facebook post for Safe Motherhood Day
Poster – National Conference on Adolescent Health 2020	Adapt and design Job aid on PPH Management Algorithm (English)	Facebook post: 3 illustrations on COVID-19 awareness
MaMoni MNCSP Quality of Care Map	Adaptation of Job aid on Antenatal Care at UHFWC/CC/USC (English)	Production of eLearning Module on 'Essential Newborn Care & Immediate Newborn Care'

Information, Education and Communication	SBCC/trainings/job aids/protocols	Others
Chandpur District Profile	Job aid on Delivery and Emergency maternity care at UHFWC-CC-USC (English)	Production of eLearning Module on 'Breastfeeding'
Habiganj District Profile	Job aid on MNH Services SOP Health Facility (English)	Production of eLearning Module on 'SCANU'
Brahmanbaria District Profile	Job aid on Postnatal Care at UHFWC/CC/USC (English)	Production of eLearning Module on 'Documentation and Monitoring'
Poster – Capacity Building in Newborn Health	Job aid on Preparedness at UHFWC (English)	Production of eLearning Module on 'Integrated Management of Child Illness'
Poster for DDFP Madaripur	Job aid on Referral from UHFWC/CC/USC (English)	Production of eLearning Module on 'General Guideline'
Manikganj Brochure	MNH Indicator Boards for district, upazila and union level health facilities	Production of eLearning Module on 'Antenatal Care'
Midwifery Certificate for MCHTI	Poster design for national observation of Safe Motherhood Day 2020	Production of eLearning Module on 'Postnatal Care'
Midwifery Certificate for Mohammadpur Fertility Services and Training Centre	Designed and rebranded Pre-eclampsia and eclampsia management protocol (job aid) for UHFWC (English)	Production of eLearning Module on 'Family Planning'
Design adaptation of Midwifery Services Promotion Billboard	Poster design- MaMoni MNCSP for Madaripur 20 bedded hospital	Production of eLearning Module on 'Labor and Delivery'
Design adaptation of Facility-based Delivery Promotion Billboard	Poster design - Breast Feeding Corner Nagarkanda UHC	Handwashing station signage for COVID Response Team
Design UHFWC MNH Indicator Display Boards	Certificate design for COVID Response Team	Asset sticker design for MNCSP COVID Response Team
Production of Profiles (briefs): Union, MCWC, Health Complex		Tent branding design for COVID Response Team
Design Festoons and X banners for Paperless Declaration of Tangail (eMIS) event		
Help Desk FAQ Sheet		
Signage for Ticket Counter (Manikganj District Hospital)		
SBCC Posters for Ticket Counter (Manikganj District Hospital)		
Signboard for Hatipara UHFWC		
Manikganj District MNH Indictor Display Board		
Delivery chair model design		
Floor plans design for Manikganj District Hospital		

Information, Education and Communication	SBCC/trainings/job aids/protocols	Others
Design Posters on Monno Medical College, Islami Bank and seven upazilas in Manikganj		
Video on mHealth Initiative Link: https://www.facebook.com/watch/?v=550761552269971		
Bag design for Community Group members		
Designed festoon on 'Sick newborn admission and discharge criteria at SCANU' (English)		
Sponsored bag design for pCSBA		
PPT design for COVID Response Team		
Upazila Parishad Orientation Module (book) design		
Community Score Card (CmSC) flyer design		
Bag design for RPTI		
Video interview of government official for launching of eLearning Modules		
Production of Maternal and Newborn Health Implementation Guidebook for MaMoni MNCSP Team		
'Urgent Healthcare in Union Parishad' handbook design		
Upazila Parishad Orientation Module (book) design		
Poster and signage for Cumilla Medical College		
Client feedback mechanism flyer		
Signage for Narsingdi hospital COVID Response Team		
Stories on project interventions in general and ongoing MNH services during COVID-19 for newsletter		
Stories on breastfeeding awareness in MaMoni project areas for USAID to observe World Breastfeeding Week		
Data-based stories on MaMoni interventions and achievements for USAID		
Opinion piece on Safe Motherhood Day by COP		
Write-up for DGFP's souvenir book for World Population Day		

II. List and links to media coverage related to MaMoni MNCSP

Media	Date	Title and Link
The Bangladesh Today	27/11/2019	আল্ট্রাসনোগ্রাফি করে গর্ভের সন্তানের লিঙ্গ শনাক্তরণ নিষিদ্ধ https://bit.ly/2uOgnc0
Media Voice	28/11/2019	নিষিদ্ধ করা হলো আল্ট্রাসনোগ্রাফি করে অনাগত শিশুর লিঙ্গ বলা https://bit.ly/38heByN
Dhaka Tribune	29/11/2019	ব্রাহ্মণবাড়িয়ায় শিশুর লিঙ্গ জানতে আল্ট্রাসনোগ্রাফি নিষিদ্ধ https://bit.ly/30q8RzP
News Today	01/03/2020	Health department being paperless http://www.newstoday.com.bd/index.php?option=details&news_id=2560488&date=2020-03-02
Daily Inqilab	01/03/2020	কাগজবিহীন হচ্ছে তথ্য ব্যবস্থাপনা কার্যক্রম -স্বাস্থ্যমন্ত্রী https://bit.ly/2wCOWU0
Dhakatimes24.com	01/03/2020	ডিজিটাল হচ্ছে সরকারি কাগজপত্র: স্বাস্থ্যমন্ত্রী https://bit.ly/2JX7WiZ
Boishakhionline.com	01/03/2020	দেশে করোনা মোকাবেলায় যথেষ্ট প্রস্তুতি নেয়া হয়েছে: স্বাস্থ্যমন্ত্রী https://bit.ly/3a6vRqF
Bangla Tribune	01/03/2020	কাগজবিহীন হচ্ছে তথ্য ব্যবস্থাপনা কার্যক্রম: স্বাস্থ্যমন্ত্রী https://bit.ly/2XvxzQ6
Abnews24.com	01/03/2020	কাগজবিহীন হচ্ছে তথ্য ব্যবস্থাপনা কার্যক্রম—স্বাস্থ্যমন্ত্রী https://bit.ly/34v3Sjm
Daily Janakantha	01/03/2020	টাঙ্গাইল জেলার স্বাস্থ্যসেবা কার্যক্রম কাগজবিহীন পরিচালনা করার ঘোষণা স্বাস্থ্যমন্ত্রীর https://bit.ly/2RwWHSC
Thenewse.com	01/03/2020	কাগজবিহীন হচ্ছে তথ্য ব্যবস্থাপনা কার্যক্রম -স্বাস্থ্যমন্ত্রী https://bit.ly/2wwHCJm
The Daily Star	29/05/2020	Safe motherhood in the time of Covid-19 https://www.thedailystar.net/opinion/news/safe-motherhood-the-time-covid-19-1906009
Healthy Newborn Network	02/06/2020	Kazol Rani Paul – A Midwife Dedicated to Ensuring Quality Maternal and Newborn Care Services During the COVID-19 Pandemic https://www.healthynewbornnetwork.org/news-item/mamoni-maternal-and-newborn-care-strengthening-project-kazol-rani-paul-midwife/
United News of Bangladesh (unb.com.bd)	26/07/2020	Declaration Ceremony of DGFP eMIS held in Habiganj http://unb.com.bd/category/Bangladesh/declaration-ceremony-of-dgfp-emis-held-in-habiganj/55193
JTV Online	18/08/2020	লক্ষ্মীপুরে দুই দিনব্যাপী স্বাস্থ্যবিষয়ক সেমিনার শুরু https://www.facebook.com/jatiyatv/videos/vb.964408436903993/303289667438921/?type=2&theater
Lakshmipur71.com.bd	19/08/2020	লক্ষ্মীপুরে শেষ হয়েছে স্বাস্থ্য বিষয়ক কর্মশালা https://www.facebook.com/Lakshmipur71.combd/videos/vb.692723491078896/669181637021048/?type=2&theater
JTV Online	10/09/2020	লক্ষ্মীপুরে ইউপি স্বাস্থ্যকেন্দ্রে ২৪ ঘন্টা ডেলিভারি কার্যক্রম উদ্বোধন https://www.facebook.com/watch/?v=4462321473808084
Mohonanews.com	10/09/2020	লক্ষ্মীপুরে স্বাস্থ্য কেন্দ্রে ২৪ ঘন্টা ডেলিভারী কার্যক্রম উদ্ভোধন https://bit.ly/33CwyrZ
Noakhalimail24.com	21/09/2020	কোম্পানীগঞ্জ উপজেলার মুছাপুরে স্বাভাবিক প্রসব সেবা কার্যক্রম উদ্বোধন https://bit.ly/30In2BL
Daily Observer	28/09/2020	লক্ষ্মীপুরে মাতৃ ও শিশু স্বাস্থ্য বিষয়ক শীর্ষক ওরিয়েন্টেশন কর্মশালা https://bn.observerbd.com/details.php?id=50143

Annex L: List national events supported

Event	MaMoni MNCSP support
National Strategy for Maternal Health and EmONC Award Ceremony	• Facebook posts • Facebook live from conference • Photographic documentation • Logistics support • Technical support
National Conference on Newborn Health Program and World Prematurity Day observation	• Facebook posts • Facebook live from conference • Photographic documentation • Printed materials (Saf Kotha Flip Chart, Inclusion Criteria of KMC, KMC Booklet, KMC Poster) • Printing of materials such as Saf Kotha Flip Chart, Inclusion Criteria KMC, KMC Booklet, KMC Poster) • Technical support
Orange the World Campaign	• Supported with active participation in SCI organized events • Facebook posts and cross posting of campaign materials
Family Welfare and Service Week	• Banner and poster adaptation, print and dissemination in head office and MaMoni districts • Other communication materials shared by the GOB such as flyers, booklets, stickers etc. have been distributed in MaMoni districts for public use • Facebook posts and campaign
National Conference on Adolescent Health 2020	• Poster presentation: Electronic Health Record of e-MIS Enables Tracking and Monitoring of Adolescent Mother • Marketplace: Participated in the USAID's stall with Ujjiban and SMC - Post-partum Family Planning Counseling manual - Fact sheet on Family planning: The prevention of unplanned and unwanted pregnancies helps avert 20-30% of maternal deaths as much and 20% of child deaths. • Project brief: Establishing an electronic health management information system (eMIS) to improve tracking the client along the continuum of care
Annual Workshop on Prematurity with Dhaka Urban Newborn Health Stakeholders	• Facebook posts • Developed presentation deck on the importance of SBCC materials usage and gave marketplace presentation • Photographic documentation • Logistics support • Technical support
Declaration of Paperless Tangail: DGFP's eMIS Initiative	• Facebook posts • Photographic documentation • Logistics support • Technical support
Safe Motherhood Day	• Designed poster for government • Published special newspaper supplement • Published English opinion piece in The Daily Star newspaper • Facebook Live Q/A session on 'Experiencing Motherhood during COVID-19'
Paperless Declaration Habiganj	• Logistical and technical support to organize the online event
Launching of MNCH e-training module in context of COVID-19 by DGFP	• Logistical and technical support to organize the online event
World Population Day	• Support to government: Write-up for DGFP's souvenir book, shared DGFP and Ujjiban social media content on our Facebook page • MaMoni district teams supported DGFP to organize both physical and online discussion meetings with DGFP representatives and local government health officials, where performance awards were also presented

Annex M: Major findings from DQAs and actions taken

District	Upazila	# of DQA planned	# & % of DQA conducted	Place[19]	Findings	Action taken
Manikganj	Daulatpur	12	9 (75%)	Facility -7; Community-2	• Data Discrepancy between MIS-3 and eMIS-3 • Don't Correctly write up the client mobile and most of the client mobile number is blank • Completely fill up the client information in Register • Data Discrepancy between MIS-3 and Register record • Pregnant women EED cell is vacant • Tally sheet not maintained • Family method used client is unknown about all FP service and method • Delivery in the community but reported in the Facility • Upazila level didn't entry the report correctly • Didn't find-out the client HHs as per client address in the register • Missing FWA regular field visit plan	• Informed to the upazila manager that provider is giving the community delivery information in MIS-3 and respective upazila manager fully prohibited for this type of reporting • Informed to UH&FPO that wrongly input the Maternal and neonatal death information in DHIS-2 and finally corrected the information • Provided on job training for correctly record the client information in register • Conduct eMIS review meeting for problem solving of eMIS data entry
	Manikganj Sadar	12	7 (58%)	Facility-5; Community-2		
	Saturia	12	8 (67%)	Facility-6; Community-2		
	Shibalaya	12	4 (33%)	Facility-3; Community-1		
Faridpur	Alfadanga Upazila	3	1 (33%)	Facility	• MNC register not used • Different register used in service • Reporting data are not match with register	• MNC register introduced and on job coaching on MNC register • Suggested to use MNC register • Report prepared more carefully
	Bhanga	3	4 (133%)	Facility-3; Community-1	• MNC register not used. • Register not filled up accurately • Lack of knowledge about MNC register • Less Monitoring & Supervision	• MNC register introduced and on job coaching on MNC register • Register filled up all areas • Report prepared more carefully • Conduct regular visit for Monitoring & Supervision
	Boalmari	3	2 (67%)	Facility-2	• MNC register used but partially • Incomplete patient address • Lack of knowledge on MNC register. • Daily report not updated regularly	• On job coaching on MNC register for correctly filled up and reporting • Report prepared more carefully.
	Char Bhadrasan	4	2 (50%)	Facility-1; Community-1	• MNC register not used. • Report not match with register • Lack of knowledge about MNC register • Less Monitoring & Supervision	• MNC register introduced and on job coaching on MNC register • Suggested to use MNC register • Report prepared more carefully

[19] Facility, Community

District	Upazila	# of DQA planned	# & % of DQA conducted	Place[19]	Findings	Action taken
	Faridpur Sadar	4	4 (100%)	Facility	• MNC register used now but Lack of knowledge • Incomplete patient address in register • Lack of knowledge on MNC register. • Daily report not update regularly.	• On job coaching on MNC register for correctly filled up and reporting • Report prepared more carefully
	Madhukhali	5	4 (80%)	Facility	• MNC register used but not properly • Incomplete patient address in register • Lack of knowledge on MNC register. • Daily report not update regularly.	• On job coaching on MNC register for correctly filled up and reporting • Report prepared more carefully.
	Nagarkanda	4	4 (100%)	Facility-2; Community-2	• Lack of knowledge on MNC register • Incomplete patient address • FWA Register not updated • Report not match with register • Lack of knowledge about reporting format • Less Monitoring & Supervision	• On job coaching on MNC register • Register filled up all areas • Report prepared more carefully. • Conduct regular visit for Monitoring & Supervision
	Sadarpur	3	2 (67%)	Facility-1; Community-1	• MNC register not used. • Incomplete patient address • Register not filled up accurately • Report prepare are not accurate • Less Monitoring & Supervision	• MNC register introduced and on job coaching • Suggested to use MNC register • Report prepared more carefully
	Saltha	3	1 (33%)	Facility	• MNC register used partially • Incomplete patient address • Lack of knowledge on MNC register. • Daily report not update regularly.	• On job coaching on MNC register • Register filled up all areas • Report prepared more carefully. • Conduct regular visit for Monitoring & Supervision
Brahmanbaria	Ashuganj	6	5 (83%)	Facility	• Home delivery performed by FWA and FWV which is reported in UH&FWC delivery register in Arisidha UH&FWC and Durgapur USC • Delivery Conducted 4 according to register but eMIS delivery data entry shows 6 and PNC data is not available in eMIS in Durgapur USC. • FWV of Durgapur USC has lack of understanding on recording in register and reporting in MIS3. No PNC register was not used in Durgapur USC but a lumpsum number has been provided in DGFP web MIS3.	• MO-MCH-FP and AUFPO is being informed this issue so that in future it should not be happen. • Issue shared with FWV. MO-MCH-FP and AUFPO is being informed this issue so that in future it should not be happen. • Provided OJT and support to ensure proper data input into eMIS as well on PNC register. Also suggested to provide data entry as soon as any service are given into eMIS.

District	Upazila	# of DQA planned	# & % of DQA conducted	Place[19]	Findings	Action taken
					• Data inconsistency of ANC1, ANC4 and delivery data between register, MIS3 and eMIS in Arisidha UH&FWC & Durgapur USC. • FWVs of Durgapur & Arisidha UH&FWC did not provide data input into eMIS regularly • Hb not tested but record shown in register	• A submitted copy of MIS3 will be kept by FWV so that in future it should not be happen. Data entry is included as soon as any service are given. • MO-MCH-FP and AUFPO is being informed this issue so that in future it should not be happen.
	Nabinagar	7	7 (100%)	Facility	• Home delivery treat as facility delivery. • Register data, eMIS and MIS 3 data mismatch. Mobile number data of pregnant mother is not available in register. • Baby weight and delivery time not recorded • Record keeping without measuring weight and BP • Even though new combine MNC register available old register was used by FWV of Kaitala UH&FWC	• This issue is shared with MO-MCH-FP. He has taken this matter seriously and warned FWV that if such act is done in future then FWV will be punished. • UFPO and MO-MCH-FP is being informed and instructed to service provider for 100% data input in eMIS. • Instructed to keep full address of delivery mother and mobile number. • MO-MCH-FP follow up the issue. On job coaching proper data entry in register. • New register is found in store and FWV has started record keeping in new register
	Nasirnagar	6	5 (83%)	Facility	• FWV recorded home delivery as facility delivery. • FWV has lack of understanding of data recording into register • FWV did not keep proper mobile number in register, some mobile number was found invalid or not in use • Register record, eMIS data vs MIS-3 data mismatch • FWV not keeping record in new service register • Detail address of service receiver is not kept	• MO MCH-FP instructed actual report and 100% mobile record pregnant mother and follow up them regular basis. • DDFP and UFPO has instructed all FWV to keep mobile number so that they can perform follow-up • FWV will start correction and monitoring again next visit • UFPO instructed 100% data entry in eMIS.

District	Upazila	# of DQA planned	# & % of DQA conducted	Place[19]	Findings	Action taken
						• UFPO instructed to proper documentation and using updated register.
Kushtia	Bheramara	9	9 (100%)	Bheramara Sadar Clinic, Bahadurpur UH&FWC, Mokarimpur UH&FWC, Dharampur UH&FWC, Bahirchar union, Bahadurpur union, Mokarimpur union	• MIS Form-3 NVD data is not similar to eMIS • No NVD data is recorded in eMIS • MIS Form-3 report data is not matched with Service register (Reporting error by FWV) • MIS Form-3 report data is not matched with Web-based MIS report (Typing mistake by UFPA-MIS) • Misunderstanding/Lack of knowledge of FWV during service data counting • Used Old GOB ANC/Delivery Register instead of MNC combined register for MNC service • Incomplete service information in Service Register	• UFPO and AFWO-MCHFP instructed and suggested to FWV, UFPA-MIS to be careful in reporting and data entry • Also instructed to FWV and SACMO to record service data in eMIS Facility e-Register regularly and properly
	Kumarkhali	13	13 (100%)	Nandalalpur UH&FWC, Jagannathpur UH&FWC, Panti UH&FWC, Sadaki UH&FWC, Kumarkhali MCWC, Nandalalpur union, Jagannathpur union	• No NVD data is recorded in eMIS • MIS Form-3 report data is not matched with Service register (Reporting error by FWV) • MIS Form-1 report data is not matched with Dampati Chhok of FWA register (Reporting error by FWA/influenced or under pressure of Upazila Chairman) • Used General Patient Register for MNC service Used Old GOB ANC/Delivery Register instead of MNC combined register for MNC service • Used Satellite Clinic Register at UH&FWC for MNC service	• DD-FP and UFPO strictly instructed and suggested to FWV, UFPA-MIS to be careful in reporting and data entry • Also instructed to FWV and SACMO to record service data in eMIS Facility e-Register regularly
	Kushtia Sadar	2	0 (0%)	Not applicable	Not applicable	Not applicable
	Mirpur	8	8 (100%)	Poradaha UH&FWC, Talbaria UH&FWC, Mirpur Sadar Clinic, Sadarpur UH&FWC,	• MIS Form-3 NVD data is not similar to eMIS • MIS Form-3 report data is not matched with Web-based MIS report (Typing mistake by UFPA-MIS) • MIS Form-1 report data is not matched with Dampati Chhok of FWA register (Reporting error by FWA/influenced or under pressure of Upazila Chairman)	• FWV, UFPA-MIS have been instructed and suggested by MO-MCH-FP (Acting UFPO) to be careful in reporting and data entry • Also instructed to FWV and SACMO to record service data in eMIS Facility e-Register regularly

District	Upazila	# of DQA planned	# & % of DQA conducted	Place[19]	Findings	Action taken
				Kursha UH&FWC, Amla UH&FWC, Poradaha Union, Talbaria union, Mirpur Paurasabha, Malihad union	• Misunderstanding/Lack of knowledge of FWV during service data counting • Incomplete service information in Service Register	
Madaripur	Kalkini	12	12 (100%)	Facility = 6 Community = 6	• Pregnant mother & Newborn service and Injectable part was not updated in FWA register. • MNC register was not using where SACMO was providing services. • Pregnant mother & Newborn service information was not updated all. • ANC-4 records are not updated accurately.	• Make them understand how to fill the various column of the register and advised FPI to assist FWA for updating register properly. • SACMO will maintain MNC register when providing services. • One project provided Midwife is posted now and make her understand regarding record keeping and started maintaining MNC register.
	Madaripur Sadar	2	2 (100%)	Facility = 2	• Report and register data found okay. • Use separate register for Delivery record keeping where there is no scope to record keeping regarding PNC (Mother & Newborn) information.	• Discussed the issue with FWV and advised to maintain another MNC register as Delivery register where she can record keeping regarding all PNC (Mother & Newborn) related information. So that it will be helpful for them for proper documentation.
	Rajoir	8	8 (100%)	Facility = 5 Community = 3	• ELCO was not updated all. • Pregnant mother & Newborn service information was not updated properly. • Injectable service was not recorded properly. • Using old register for ANC service record keeping instead of MNC register. • Found one client with 3 cycle Pill distribution in Register and MIS-3 report which was performed after preparing MIS-3 report.	• Record updated on the spot what was possible. • Make them understand how to fill the various column of the register and advised FPI to assist FWA for updating register properly. • FWV was advised to use MNC register for MNH services record keeping. She can maintain MNC register.

District	Upazila	# of DQA planned	# & % of DQA conducted	Place[19]	Findings	Action taken
					• ANC services were not recorded properly considering ANC-1, ANC-2, ANC-3, ANC-4. • Report and Record was found inconsistence regarding delivery.	• Suggested to adjust with next month report. • Make the FWV understand regarding ANC record keeping and advise to maintain accordingly in future. • Advised to adjust with next month report.
	Shibchar	10	10 (100%)	Facility = 6 Community = 4	• One delivery information was not recorded in delivery register. • FWA report was inconsistence regarding new PW. • Couple and Pregnant list and Daily activity record part was not updated in FWA register. • Pregnant mother & Newborn service information was not updated properly. • AMTSL, Newborn weight, PNC services were not recorded correctly. • Misoprostol distribution is in dose (2 tablets per dose) but reporting figure is tablets instead of dose. • 7.1% CHX distributed but reported in uses 7.1% chlorhexidine digluconate for umbilical cord care	• Delivery register and FWA's report updated instantly. • Advised FPI to assist FWA for updating register properly. • Instantly updated some records and advised to update all the column of the register where applicable. • FWV was advised to report misoprostol in dose instead of tablet. • Report was corrected there by making understand FWV and advised to report according to criteria.
Feni	Chhagalnaiya	12	11 (92%)	Facility-6, Community-5	• Register Information not properly recorded • Reporting error MIS3 and register record • Satellite register not properly maintain • Discrepancies in the reporting between MIS3 and eMIS • evidence less reporting	• Upazila manager instructed to use register properly in the satellite clinic • Instruction given from upazila manager cautiously prepare MIS3 report to avoid evidence less reporting • Inconsistency in MIS3 and eMIS reporting reduced
	Parshuram	12	5(42%)	Facility-5	• cSBA delivery counted as MIS3 report • MNC register is not using instead old one using • Register Information not properly recorded • Discrepancies in the reporting between MIS3 and eMIS • Information not properly recorded for satellite clinic in the register	• cSBA delivery is not counting as facility delivery, • Inconsistency in MIS3 and eMIS reporting reduced, • record keeping is improving • Familiar with MNC combine register

District	Upazila	# of DQA planned	# & % of DQA conducted	Place[19]	Findings	Action taken
	Sonagazi	12	15(125%)	Facility-11, Community-4	• Discrepancies in the reporting between MIS3 and eMIS • Register Information not properly recorded • MNC register is not using instead old one using	• Familiar with MNC combine register • Inconsistency in MIS3 and eMIS reporting reduced, • Upazila manager instructed to use register properly in the satellite clinic
	Feni Sadar	1	1	Facility-1	• Register not maintained properly, Information are partially recorded, • evidence less reporting	• oriented on record keeping MNC combine register • Instruction given from upazila manager cautiously prepare MIS3 report to avoid evidence less reporting
Habiganj	Ajmiriganj	12	2	Community and Facility	• FWA did not registered ELCO on TAB 100%.	• Issue share with providers and respective GoB manger. Ensured 100% ELCO registration in eMIS system/ FWA eRegister
	Bahubal	24	3	Facility	• Data mismatch between MNH register with the eMIS report. • Client full address not found in the MNH register.	• Issue discuss with providers and respective GoB Manager. • Ensure 100% report in the FWC register report with the eMIS report. Ensure write client full address in the MNH register.
	Baniachang	24	02	Facility	• Data Mismatch between MIS-3 Paper report & web report. • Service data are not entry properly in eMIS.	• Assist Provider to understanding the process of data entry in eMIS • Discuss with UFPA MIS along with UFPO to made error free reporting.
	Chunarughat	24	5	Community and Facility	• Data mismatch among DGFP MIS Form-3, Service register and Tab • Equipment are not be disinfected by using Autoclab machine • All parts of the register (MNH & FWA register are not filled in correctly • The discrepancy between the information of the ELCO list table and the pregnant list table with the daily activities accounting table	• Discussed the issues in the FP monthly meeting. • Check the MIS report on the context of register record keeping in union follow up meeting. • Motivated FWA & FWV to ensure regular record keeping in their register.

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	Habiganj Sadar	12	08	Community	• According to the number of injection recipients in the couple's table, the injections were not found in the table. Again, the MIS-1 report was not found to be compatible with the daily activities.	• Immediately the Upazila Family Planning Officer and the Family Planning Inspector amended the register and adjusted it to MIS-1.
				Facility	• While visiting Lokra Union Health and Family Welfare Center to do data quality assurance, it was seen that not all the concern forms of the mothers who have been provided IUD services of family planning have been preserved. Moreover, many mothers do not have mobile numbers in their concern forms.	• Issue shared with MOMCH FP, then he immediately instructed that all concern forms be filled out and submitted to her office within the next 15 working days, and that each mother's mobile number must be collected.
	Lakhai	12	3	Facility	• e-MIS entry didn't 100% at Karab and Bulla Union FWV	• Issue share with GoB manager, he instructed to entry all service data entry.
	Madhabpur	12	7	Facility	• Reported NVD, CHX and PNC-1 was similar with DGFP MIS 4, DGFP MIS 3 and eMIS) • MNH e-Register is not fill up/ write as per registers guideline	• Encouraged to Service provider's keep it regular in future and Share with respective managers • Discussed this issue in DGFP monthly meeting to reduce the gap and encouraged to FWV's to ensure fill up e-Register as per guideline.
	Nabiganj	12	01	Facility	• Register is not fill up dully and entry Newborn baby weight, breath per min, temperature not recorded in register as well as in e-MIS.	• Guided/suggested FWV to measure accurately & record in the register.
Noakhali	Begumganj	19	13 & 68%	Faciliy-11 Community-2	• Partograph sheet was not filled up properly • MNC registrar was not filled up properly • Daily Tally sheet is not updated regularly	• Raise the issues at monthly meeting • Regular follow up and monitoring by GoB managers • Increase field visit and phone call
	Chatkhil	13	11 & 85%	Facility-9 Community-2	• MNC registrar was not filled up properly • Inconsistency between MIS1 and FWA registrar • Daily Tally sheet is not updated regularly • Service data partially entry at Tab • Data recorded at registrar on assumption basis due to absence of equipment's	• Raise the issues at monthly meeting • Regular follow up and monitoring by GoB managers • Increase field visit and phone call • Provided stethoscope to the facility by facilitation of MaMoni

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	Companiganj	19	13 & 68%	Faciliy-11 Community-2	• Partograph sheet was not filled up properly • MNC registrar was not filled up properly • Inconsistency between MIS1 and FWA registrar • Daily Tally sheet is not updated regularly • Service data partially entry at Tab	• Raise the issues at monthly meeting • Regular follow up and monitoring by GoB managers • Increase field visit and phone call
	Hatiya	10	10 & 100%	Faciliy-9 Community-1	• MNC registrar was not filled up properly • Daily Tally sheet is not updated regularly • Service data partially entry at Tab • Data recorded at registrar on assumption basis due to absence of equipment's i.e. weight machine	• Raise the issues at monthly meeting • Regular follow up and monitoring by GoB managers • Increase field visit and phone call • Provided weight machine to the facility by facilitation of MaMoni
	Kabirhat	21	20 & 95%	Faciliy-10 Community-10	• Partograph sheet was not filled up properly • MNC registrar was not filled up properly • Inconsistency between MIS1 and FWA registrar (PW registrar) • Service data partially entry at Tab	• Raise the issues at monthly meeting • Regular follow up and monitoring by GoB managers • Increase field visit and phone call
	Senbagh	18	18 &100%	Faciliy-16 Community-2	• Partograph sheet was not filled up properly • MNC registrar was not filled up properly • Inconsistency between MIS1 and FWA registrar • Daily Tally sheet is not updated regularly • Service data partially entry at Tab	• Raise the issues at monthly meeting • Regular follow up and monitoring by GoB managers • Increase field visit and phone call
	Sonaimiuri	18	13 & 72%	Facility- 8 Community-5	• MNC registrar was not filled up properly • Daily Tally sheet is not updated regularly • Service data partially entry at Tab	• Raise the issues at monthly meeting • Regular follow up and monitoring by GoB managers • Increase field visit and phone call
	Subarnachar	22	16 & 72%	Faciliy-16 Community-0	• MNC registrar was not filled up properly • Daily Tally sheet is not updated regularly • Service data partially entry at Tab	• Raise the issues at monthly meeting • Regular follow up and monitoring by GoB managers • Increase field visit and phone call
	Noakhali Sadar	15	10 & 67%	Facility-9 Community-1	• MNC registrar was not filled up properly • Daily Tally sheet is not updated regularly • Service data partially entry at Tab • Partograph sheet was not filled up properly	• Raise the issues at monthly meeting • Regular follow up and monitoring by GoB managers • Increase field visit and phone call

District	Upazila	# of DQA planned	# & % of DQA conducted	Place[19]	Findings	Action taken
Lakshmipur	Ramgati	18	18, 100%	Facility and Community	• Found ANC2 discrepancy between MNC register and MIS-3 report at Char Algi and Char Alekgender UH&FWC • Found AMTSL discrepancy between MNC register and MIS-3 report at Borokhari UH&FWC • Found PNC-1 discrepancy between MNC register and MIS-3 report at Char Algi UH&FWC	• Correction ANC2 between MNC register and MIS-3 report at Char Algi and Char Alekgender UH&FWC • Correction AMTSL between MNC register and MIS-3 report at Borokhari UH&FWC • Correction PNC-1 between MNC register and MIS-3 report at Char Algi UH&FWC
	Roypur	18	14, 78%	Facility and Community	• Register and report not accurate • ANC service Register and tab not accurate • Delivery service not 100% register entry • Register and TAB not accurate data • MIS-3 report and register not equal • MIS-3 and TAB not accurate • PNC service not 100% TAB data entry • General patient not TAB data entry	• Register accurate fill up • 100% entry register and TAB • MIS-3 and TAB equal • Report & MIS-3 equal
	Sadar	18	17 (94%)	Facility and Community	• Found ANC2 discrepancy between MNC register and MIS-3 • Found AMTSL discrepancy between MNC register and MIS-3 report at Borokhari UH&FWC • Found PNC-1 discrepancy between MNC register and MIS-3	• Correction ANC2 between MNC register and MIS-3 report • Correction AMTSL between MNC register and MIS-3 report • Correction PNC-1 between MNC register and MIS-3 report .
	Ramganj	18	18 (100%)	Facility and Community	• ANC,Delivery,PNC data mismatch in Tab and register • 1.Daily tally sheet not fill up in MNC register • 02.PW and delivered women mobile number not write in register • 03.MIS-3 report not submit in Facility module system	• FWV suggested to accurate data entry TAB, register, and report • Provide OJT for eMIS Tab entry and MIS-3 submission.
	Kaml Nagor	18	18 (100%)	Facility and Community	• Data Miss Mache MIS3 and register. • Date mismatch on Tab register.	• Ensured MIS3 and register date are same. • Ensure date entry tab and register are same.
Chandpur	Chandpur	6	6 (100%)	Facility and Community	• Register not Fill up Completely and Accurately calculation	• Provide on Job training for correctly to fill up register

District	Upazila	# of DQA planned	# & % of DQA conducted	Place[19]	Findings	Action taken
					• Error calculation on No. of pregnant mother admitted for delivery or obstructed complication in facility of EmONC report • Not counseling properly to know about to take any ANC services from others resulting recording ANC1 more • Death Report of DH hospital showing zero neo natal death whereas find recorded some death data in death register of Pediatric ward • Not fill up MPDSR with death recording	• Instruction given by (Upazila Managers like MO-MCH-FP and UFPO) Surgeon to record properly • Follow-up during facility visit • Inform to higher Authority about reporting structure and MPDSR form fill up
	Haimchar	24	17 (71%)	Facility and Community	• Register not Fill up Completely and Accurately • some data inconsistency regarding maternal and Neonatal death of HACC report. • Due to vacant position of Statistician, CSBA report not updated regularly	• Provide on Job training for correctly to fill up register • Follow-up during facility visit • Fix one person for updating CSBA report after discussed with UH&FO
	Hajiganj	24	13 (54%)	Facility and Community	• Register not Fill up Completely and Accurately • Misoprostol tablet distribution reported as number of tablets instead number of person (equal to dose) • ANC data of Satellite clinic has been not recorded resulting error of ANC count of ANC Satellite and UH&FWC • some data inconsistency regarding maternal and Neonatal death of HACC report	• Provide on Job training for correctly to fill up register • Follow-up during facility visit
	Shahrasti	24	20 & 83 %	Facility and Community	• Register not Fill up Completely and Accurately • Expected date of delivery list not updated • Satellite register not updated • PW list is not updated from FWA • In a delivery register found Oxytocin and Misoprostol recorded together	• Provide on Job training for correctly to fill up register • Follow-up during facility visit - On job training to give the services • Given instruction to write down correctly as Oxytocin and Misoprostol should not recorded together
	TOTAL	655	459 (70%)			

Annex N: Human resource update – in a separate file